25 YEAR RE-REVIEW



(Herein called the Association)

IN CONSIDERATION of the application of

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION, INC.

(Herein called the Policyholder)

for this policy, copy of which application is attached hereto and made a part hereof, and in consideration of the payment by the Policyholder of the initial premium and of the payment thereafter by the Policyholder, during the continuance of this policy, of all premiums as they become due, as hereinafter provided,

HEREBY AGREES to pay, with respect to the protected persons insured hereunder, in accordance with and subject to all the terms, conditions and limitations of this policy, the benefits described herein, if and when any such protected person becomes entitled thereto.

The term of this policy begins on the effective date

August 1

, 19 60 **,**

at 12:01 A.M. Standard Time of the place where the main office of the Policyholder is located and ends on the first anniversary thereof, as set forth hereinafter, but the policy may be continued, as hereinafter provided, upon due payment of premiums.

The provisions set forth on the following pages are a part of this contract as fully as though recited at length over the signatures hereto affixed.

IN WITNESS WHEREOF, MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION has caused this policy to be signed by its President and its Secretary.

Secretary.

President.

GROUP POLICY NO.

GMG-1810

Form 701 MGM

GENERAL PROVISIONS

1. ELIGIBILITY. Each person within the classes shown in the Plan of Insurance and Application shall become eligible for insurance as hereinafter provided.

All persons presently within the eligible classes shall be eligible for insurance hereunder on the effective date of the policy, except as follows:

None

Each person who comes within the eligible classes after the effective date of this policy shall be eligible for insurance on the date on which such person has been within the eligible classes for a qualifying period of None

Persons who are eligible by reason of employment but who are not actively at work when they would otherwise be eligible shall become eligible on the date of their return to active work.

2. EFFECTIVE DATE OF INDIVIDUAL INSURANCE. Each eligible person who makes written application for insurance hereunder during the required qualifying period, if any, or within thirty-one days from the date he becomes an eligible person, shall become a protected person on the date such application is made.

Any eligible person who makes written application more than

thirty-one days
after the date he becomes an eligible person or who applies for reinstatement of his insurance after it has been terminated because of failure to make any agreed contribution when due shall be required to furnish, at his own expense, evidence of insurability satisfactory to the Association and such insurance shall not become effective prior to a date determined by the Association.

3. AMOUNTS OF COVERAGE. The amounts for which a protected person is covered under this policy shall be those amounts applicable to his classification shown in the Plan of Insurance. If a protected person's classification changes, the amounts for which he is covered under this policy shall be adjusted to conform to his new classification effective the first day of the policy month following the date his classification but only after the Association has been notified by the Policyholder of such change in classification as required under General Provision 10.

In the event of a change in classification or in the Plan of Insurance because of an increase or decrease in benefits, a protected person who is not actively at work on the date a change in the amount of his coverage would otherwise become effective shall not be entitled to such benefit change to active work

- 4. TERMINATION OF INDIVIDUAL INSURANCE. The insurance of any protected person insured hereunder shall terminate on whichever of the following dates occurs first:
 - (a) the first day of the policy month following the date he ceases to be within the classes of persons eligible for the insurance under this policy, or
 - (b) the date that any contribution required on the part of the protected person is due and unpaid, or
 - (c) the first day of the policy month following the date the Policyholder receives notice from the protected person that his insurance is to be terminated, or
 - (d) the date this policy is discontinued, or
 - (e) the date the protected person enters the armed forces on full-time active duty.

Form 701 MGM

A person who is eligible for insurance because of employment shall cease to be within the classes of persons eligible for insurance upon termination of employment. Termination of employment shall, for the purpose of this insurance, be defined as cessation of active work by layoff, work stoppage, leave of absence, resignation, dismissal, being pensioned or retired or cessation of active work because of disability.

If a protected person ceases to be within the classes of eligible persons, his insurance shall terminate on the date specified in the preceding paragraphs, except that upon payment of the premium for such protected person by the Policyholder, he shall continue to be a protected person for an additional period of six (6) months in the event of leave of absence or disability.

If a protected person's insurance is terminated during a disability covered by this policy and the protected person returns to active work at the end of the period of his disability, his insurance under the policy may be reinstated as of the date of his return to work without evidence of insurability.

If, at the time of termination of insurance, the protected person is receiving benefits in accordance with the provisions of this policy, such benefits shall continue to be paid for the balance of the period for which he would otherwise have been entitled to such benefits.

5. CONTINUANCE OF POLICY. This Policy may be continued in force, in accordance with General Provisions 6, 7 and 8 relating to payment of premiums, for a further term of one year upon the payment, prior to the expiration of the grace period immediately following the anniversary date of the policy, of the premium for the insurance so continued.

If at any time the number of persons insured hereunder shall be less than 25, or less than 75% of those eligible for insurance, the Association reserves the right to decline to continue this policy on the first policy anniversary or on any premium due date thereafter.

6. EXPERIENCE RATING. On the first policy anniversary and upon each premium due date thereafter, providing the then current premium rate has been in effect for at least twelve months, the Association shall have the right to change the premium rates at which further premiums shall be computed, but no increase in premiums shall be retroactive.

The Association may, as of any anniversary date of this policy, declare a retroactive rate refund for the policy year just completed. Should a Policyholder qualify for such retroactive rate refund and should such refund exceed the Policyholder's share of the premium, the excess shall be applied by the Policyholder for the sole benefit of the protected persons.

PAYMENT OF PREMIUMS. The initial premium shall be due on the lst day of August 60, for the period ending on the 15th day of August , 19 60. Subsequent premiums shall be payable. bi-weekly in advance on thelst and 15thday of each month thereafter during the continuance of this policy. The policy anniversaries are deemed to occur on the day of August of each year beginning in 19 61. The premium due on the effective date hereof and on each subsequent due date shall be the sum of the individual premiums of each protected person determined according to his respective benefits and his classification at the time the premium is due.

All premiums or installments thereof are payable to the Association at the Home Office of the Association in Omaha, Nebraska, on or before each premium due date. Premiums may be paid annually, semiannually, quarterly, monthly, or any other mode mutually agreeable at the Association's rates therefor. The payment of any premium or installment thereof shall not maintain the policy in force beyond the due date of the next premium or installment, except to the extent hereinafter expressly provided. The Association operates on the full legal reserve basis and the contingent mutual liability hereunder shall not exceed one additional premium in the amount of the premium required herefor.

8. GRACE IN PAYMENT OF PREMIUMS—TERMINATION OF POLICY. A grace period of thirty-one days will be granted to the Policyholder for the payment of every premium due after the initial premium during which time this policy shall remain in force, unless the Policyholder or the Association shall have given previous notice that the policy is to be terminated as of the due date of such premium in which event no grace period will be allowed.

If such notice is not given and the premium is not paid before the expiration of the grace period, this policy may be terminated by the Association by mailing to the Policyholder written notice stating when, not less than five days thereafter, such termination shall be effective. In the event of such notice, or if written notice is given by the Policyholder to the Association during the grace period that the policy is to be terminated, the

Form 701 MGM

Policyholder shall be liable to the Association for the pro rata premium for the period from the due date of such premium to the date of such termination.

The mailing of notice as aforesaid shall be sufficient proof of notice and shall terminate the policy as of the date stated in the notice. Delivery of such written notice whether by the Policyholder or the Association shall be equivalent to mailing.

- 9. POLICY CONTRACT. This policy and the application therefor together with the individual applications, if any, of the protected persons, constitute the entire contract between the parties hereto. No change or modification may be made nor the date of payment of any premium changed except by agreement in writing signed by an officer of the Association, and the Association shall not be bound by any promise or representation affecting this contract made at any time by any person other than an officer of the Association. All statements made statement shall avoid this policy unless it is contained in the written application therefor, a copy of which is
- 10. RECCRDS—INFORMATION TO BE FURNISHED. The Policyholder shall keep a record of the protected persons, containing the essential particulars of the insurance of each such person. The Policyholder shall because of changes in classification and termination of insurance as may be required by the Association to insurance provided under this policy shall be open to the Association for inspection at any time during the policy period and within one year after termination of the policy.
- 11. CLERICAL ERROR. If an eligible person made proper written application for insurance hereunder during the period specified in the first paragraph of General Provision 2 and also made the required contribution, and the Policyholder, but, through clerical error, the Policyholder failed to give due notice thereof to the Association, the insurance to which such eligible person would have been entitled shall nevertheless be effective from the date specified in the first paragraph of General Provision 2 as soon as proper premium remittance to the Association is made.
- 12. INDIVIDUAL CERTIFICATE. The Association will issue to the Policyholder for delivery to each protected person insured hereunder an individual Certificate setting forth a statement as to the insurance benefits to which such protected person is entitled under this policy and to whom such benefits are payable.
- 13. EXCLUSIONS AND LIMITATIONS. This policy does not cover (a) injuries arising out of or in the course of the employment of the protected person or his dependents or sickness covered by a Workmen's Compensation Act or similar legislation, (b) hospitalization or medical or surgical treatment provided by or paid for the United States Government or any instrumentality thereof, (c) any loss caused by war or act of war, or (d) loss incurred while engaged in military, naval or air service.

PLAN OF INSURANCE

Effective Date August 1, 1960

${\tt Classification}$

Class 1 - All full time active employees of Engineering Research.

Premiums

The bi-weekly premium for each protected person is as follows:

DEPENDENT INSURANCE

ELIGIBILITY. The insurance specified herein on account of Dependents is applicable only if the protected person is eligible for, has requested, and is insured for such dependent insurance.

Eligible dependents shall include the spouse of the protected person and the protected person's unmarried children, excluding in any case:

- (a) a child more than 18 years of age, except that unmarried children who are 18 but less than 23 years of age are eligible if they are wholly dependent upon the protected person for support and maintenance and their time is devoted principally to attending school or college.
- (b) the spouse of the protected person, if legally separated from the protected person, and
- (c) any dependent who is eligible for insurance under the policy as a protected person.

If both husband and wife are insured under this policy as protected persons, children may be insured as dependents of the husband or wife, but not both.

A protected person's children shall include any step-children, legally adopted children, and foster children provided such children are dependent upon the protected person for support and maintenance.

EFFECTIVE DATE OF DEPENDENT INSURANCE. If a protected person makes application for dependent insurance in his original application for insurance (provided such application was made during the required qualifying period, if any, or within thirty-one days from the date the protected person became eligible for insurance under this policy), such dependent insurance shall become effective on the date the protected person's insurance becomes effective. If a protected person has no eligible dependents on the date he becomes insured under this policy and subsequently acquires a dependent and makes application for insurance for such dependent within thirty-one days thereafter, such insurance for eligible dependent shall become effective on the date such application is made or the date a protected person acquires an eligible dependent, whichever is later.

If written application for dependent insurance is made at any time other than that specified in the preceding paragraph, or if a protected person applies for reinstatement of his dependent insurance after it has been terminated because of failure to make any agreed contribution when due, the protected person shall be required to furnish, at his own expense, evidence satisfactory to the Association of the insurability of each eligible dependent the protected person then has and such insurance shall not become effective prior to a date determined by the Association.

If a protected person, after his dependent insurance becomes effective, acquires an additional eligible dependent, the protected person shall be automatically insured with respect to such dependent unless the premium rate applicable to the protected person's dependent insurance would thereby be increased. If the premium rate would be increased, the protected person shall become insured with respect to such additional eligible dependent only under the conditions stated in the two preceding paragraphs.

If a dependent is confined in a hospital on the date such dependent becomes eligible or on the date a change in coverage would otherwise become effective, the dependent's insurance or change in coverage shall not become effective until final discharge from the hospital. This requirement, however, shall not apply to a new-born child confined in a hospital at birth.

TERMINATION OF DEPENDENT INSURANCE. The insurance of any dependent insured hereunder shall terminate on whichever of the following dates occurs first:

- the first premium due date following the date such dependent ceases to be an eligible dependent, or
- (b) the date the protected person's coverage hereunder terminates, or
- (c) the date the protected person fails to make the agreed contribution for dependent coverage,
- (d) the date the dependent enters the Armed Forces on full-time active duty, or
- (e) the date this policy is discontinued.

If at any time the number of protected persons insured with respect to all their eligible dependents hereunder shall be less than 75 per cent of all eligible protected persons having dependents, the Association reserves the right to decline to continue this dependent insurance on the first policy anniversary or on any premium due date thereafter.

Form 703MGI No. 6

Dep. Ins.

CONVERSION PRIVILEGE

If a protected person ceases to be within the class or classes of persons eligible for insurance under this group policy, such protected person shall be entitled to have issued to him, without furnishing evidence of insurability, an individual policy, or, if the protected person's dependents were also insured under this group policy, a family policy; provided that such protected person is then under 76 years of age and makes written application and the first premium payment therefor to the Association within thirty days after termination of his insurance under this group policy. The form of the individual or family policy, the coverage thereunder, and all other terms and conditions thereof shall be as provided by the rules of the Association for such individual or family policy at the time of such application. Under the family policy the protected person may include only those of his dependents, excluding any dependent children over age 17, who were insured under this group policy on the date his insurance terminated.

The individual or family policy, if issued, shall become effective on the day the application is signed or on the date of termination of insurance under this group policy, whichever is the later, and any benefits which are payable under this group policy shall be excluded from coverage under the individual or family policy.

If a protected person, after converting to an individual or family policy, again becomes eligible for insurance under this group policy and his individual or family policy is continued in force after he again becomes eligible, such person shall be required to furnish, at his own expense, evidence of insurability before he may again become insured under this group policy. In the eventa protected person has a family policy which is continued in force after he again becomes eligible for insurance under this group policy, such protected person shall also be required to furnish, at his own expense, evidence of insurability for each of his dependents before they may again become insured as dependents under this group policy.

Regardless of any provision contained in this conversion privilege, the issuance of any policy described herein shall be subject to all of the rules and regulations of the state in which application is made.

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The benefits for dependents provided herein shall be applicable only if the protected person is eligible for, has requested and is insured for such dependent benefits.

If a protected person or dependent is eligible for benefits under any other group policy issued by the Association, the amount payable under this policy shall be reduced by the amount payable under such other group policy.

PART A. HOSPITAL EXPENSE BENEFITS

HOSPITAL ROOM BENEFIT. If a protected person or an eligible dependent, because of accidental bodily injuries or sickness, shall be confined as a resident patient in a hospital, the Association, provided such hospital confinement commences while the protected person or dependent is insured under this policy, will pay benefits for the expense actually incurred by the protected person for hospital room and board during the period of hospital confinement, but not to exceed \$20.00 per day nor to exceed 90 days for any one period of hospital confinement.

MISCELLANEOUS HOSPITAL EXPENSE BENEFITS. During the period of hospital confinement for which benefits are paid under the preceding paragraph, the Association will pay for the expense actually incurred by the protected person for all other necessary care and treatment for which the hospital makes a charge (excluding charges made by the protected person's or dependent's nurse or physician) together with the expense actually incurred for regular and customary charges made by the ambulance company for transportation to and from the hospital in an ambulance (up to \$25.00 for any one period of hospital confinement), but not to exceed 100% of the first \$202.50 of covered miscellaneous hospital expenses plus 80% of the balance, and not to exceed, in the aggregate, \$5,000.00 for all such expense incurred for any one period of hospital confinement.

OUTPATIENT SERVICE IN A RECOGNIZED HOSPITAL OR CLINIC. If a protected person or an eligible dependent shall, while insured under this policy and because of accidental injuries or sickness, receive outpatient services in a hospital or clinic listed by the American Hospital Association in their Guide Issue, the Association, providing no benefits are payable under any other provision of this policy, will pay for the expense actually incurred for such service of the type described in the policy under MISCELLANEOUS HOSPITAL EXPENSE BENEFITS, but not to exceed, in the aggregate, \$202.50 for any one accident or sickness.

SUCCESSIVE PERIODS OF HOSPITAL CONFINEMENT. Successive periods of hospital confinement shall be considered one period of hospital confinement unless:

- (1) In the case of a protected person, the subsequent confinement commences after return to active work on full time or unless the subsequent confinement is due to causes entirely unrelated to the causes of the previous confinement, or
- (2) In the case of a dependent, the subsequent confinement commences more than three months after the previous confinement or unless the subsequent confinement is due to causes entirely unrelated to the causes of the previous confinement.

MATERNITY BENEFITS. If a female protected person or a dependent wife, while insured under this policy, shall become confined in a hospital as a result of pregnancy, including resulting childbirth or miscarriage, the Association will pay benefits up to \$16.00 per day during the period of hospital confinement, but not to exceed 8 days for any one pregnancy, except that for a cesarean section or miscarriage, the Association will pay for the expense actually incurred during the period of hospital confinement for hospital care, treatment and service (of the type described under HOSPITAL ROOM BENEFIT and MISCELLANEOUS HOSPITAL EXPENSE BENEFITS) received by the female protected person or dependent wife in her own behalf, but not to exceed, for any one pregnancy, the limits specified for any one period of hospital confinement under HOSPITAL ROOM BENEFIT and MISCELLANEOUS HOSPITAL EXPENSE BENEFITS.

Moreover, any bassinet or nursery charges made by the hospital for any day on which both mother and child are jointly confined in the hospital shall be deemed to be expenses attributable to the mother only and shall not be Covered Charges of the child for any purpose under this policy.

In case the female protected person or dependent wife is not hospital confined at any time during pregnancy, but is cared for at home by a registered graduate nurse, the Association, provided maternity benefits would have been payable if the protected person or dependent wife was hospital confined, will pay for the expense actually incurred for such nurse's fees, but not to exceed \$36.00 for any one pregnancy.

Maternity benefits for female protected persons are not payable unless covered under a family enrollment.

EXCEPTION. This HOSPITAL EXPENSE BENEFITS provision does not cover pregnancy, including resulting childbirth or miscarriage, except as provided under MATERNITY BENEFITS. This provision is also subject to the EXCLUSIONS AND LIMITATIONS section of the General Provisions.

Form 785MGI

PART B. SURGICAL OPERATION EXPENSE BENEFITS

If a protected person or an eligible dependent, while insured under this policy, shall, because of accidental bodily injuries or sickness, have an operation performed or a dislocation or fracture repaired by a physician or surgeon, the Association will pay for the expense actually incurred therefor, but not to exceed that amount which results when the particular Surgical and Anesthesia Relative Value Units listed in the following Schedule for the surgical procedure performed is multiplied by the Unit Value of \$5.00.

	INTEGUMENTARY SYSTEM		Demotes Of a	, , ,		
	DIDI DIVI		Repair - Simpl	le (continued)	Surg.	Anes.
	Skin and Subcutaneous Areolar Tissue		0253 Debi	ridement, extensive		
	Tissue		abra	ded wounds, skin (same)	
	Rela	tivo	as 0	351 to 0356)		Т
						_
	Val		Repair - Plasti	c Surgery		
Incisio	On C		The following	g values (0260 to 0325)		
*0101	5010.	Anes.	are to be applied	ed in situations where		
*0102	Drainage of fururals		delicate handlin	ng of tissues, meticulous		
*0108	Drainage of furuncle 1.0		closure of wour	nds in lavers, and other		
*0114	Drainage of carbuncle 1.0		time-consuming	g techniques commonly		
0114	Drainage of subcutaneous abscess		employed by t	the plastic and recon-		
*0115	(where not specified elsewhere). 1.0		structive surge	on are necessarily used		
*0115	Drainage of pilonidal cyst 1.0		to obtain max	dimum functional and		
*0125	Drainage of onychia or parony-		cosmetic resul	lts. They include the		
	chia, with or without complete		creation or pres	paration of the defect and		
****	or partial evulsion of nail 1.0		its repair The	paracion of the defect and		
*0130	Incision and removal of foreign		refer to the sim	e measurements listed		
	body, subcutaneous tissues,		A convert of the	e of the surface defect.		
	simple 2.0		A copy of the o	perative note including		
*0140	Drainage of hematoma 1.0		operating time	must be supplied upon		
*0145	Puncture aspiration of abscess		request.			
	or hematoma 1.0		571			
	1.0		The values lis	sted are for procedures		
Excision	on		carried out on t	he trunk area. Values		
0171	Biopsy of skin or subcutaneous		for the same p	rocedures carried out		
	tissue		eisewhere on th	ne body where greater		
0178	Excision of small neoplastic,		degrees of skill,	, effort and time are		
	cicatricial, inflammatory or		necessary are ca	alculated by multiplying		
	Congenital legion of ali-		the listed base va	alues by the appropriate		
	congenital lesion of skin or		following factor:	:		
0180	subcutaneous tissues, one 3.0	T	(a) Scalp, arr	ms, legsone	and one	-half
0190	more than one	4.0		tin	nes base	- nan
0170	Wide excision of lesion of skin		(b) forehead,	cheeks, shin.	ics base	value
0191	or subcutaneous tissues, one 5.0	T	mouth, ne	ck, axilla,		
0191	with graft or plastic closure		genitalia.	hands, feet two tim	ec hece	
0215	(see 0260 to 0325)		(c) eyelids, n	ose ears	es base	value
0213	Lipectomy (see 0178 to 0190,		lips (excer	pt V-exci-		
*0230	0260 to 0262)		sions - ite	ems 2742 to		
0230	Excision of nail, nail bed or		2743)	· · · · · · · · · · · · two		1 10
0221	nail fold, partial 2.0		, , , , , ,	+i	and one	-nati
0231	complete	T	0260 Excisi	on and/or repair by	es base	value
0238	Excision of pilonidal cyst or			closure of essentially		
0040	sinus	7.0	round	neoplastic, cicatricial,		
0240	Excision of hidradenitis		inflam	matory, traumatic or		
	suppurativa (see 0178 to		Congen	ital logions anactic		
00.10	0190, 0260 to 0319)		congen	nital lesions creating a		
0242	Excision of post-phlebitic		in dian	e defect up to 1/8 inch		
	varicose ulcer with graft		0261 1/8	neter	3.0	T
	(independent procedure) (see		,	inch to 3/8 inch in		
	0288 to 0319)		0262 over	neter	7.0	\mathbf{T}
				3/8 inch in diameter	15.0	\mathbf{T}
	Simple			on and/or repair by		
0251	Wounds, small, suture of		uirect	closure of linear		
	recent small wounds requiring		lesion	or wound creating a		
	closure (up to 2 1/2 inches) 3.0	Т	surface	e defect up to 1/8		
		1	inch wie	de and 3/4 inch long	3.0	T
form 7	85MGT	_				

	Repair 0266 0275	each additional 1/2 inch 1.0 Excision and/or repair by Z-plasty, rotation flap, advanced flap, double pedicle	Anes. T	*0353	under anesthesia, large or with major debridement, per hour		Anes.
	0276	flap, or other rearrangement and suturing of adjacent tissues, small	T T	Destruc *0401 *0402	cauterization or fulguration of local lesion, single, small, initialsubsequent	1.0	
(covere	TS - List dimensions of defect d, location of defect and type of			BREAST	1.0	
e E E	orepar blacing lonor	Fee includes creation or surgical ation of defect, the obtaining and g of the graft and the care of the site (except in items 0297 and		Incision *0430 0431		1.0	5.0
	0309) . 0288	Clair amosta minute an authority				10.0	3.0
	0200	Skin grafts, pinch or splitskin, less than 2 square inches 5.0	TD.	Excision			
	0289	pinch or split skin, 2 to 32	T	0441 0445	Biopsy of breast	10.0	5.0
		square inches 20.0	T	0445	Excision of cyst, fibroade-		
	0291	each additional 32 square	-		noma or other benign tumor, aberrant breast tissue, duct		
		inches or part thereof at			lesion or nipple (including		
	0295	same procedure10.0	T		any other partial mastectomy).		
	0293	free full thickness, up to 3	-		unilateral	15.0	5.0
	0296	square inches20.0 each additional 3 square	T	0446	Excision of chest wall tumor		
	0_/0	inches or part thereof at		0447	involving ribs	70.0	15.0
		same procedure10.0	T	0447	Excision of chest wall tumor		
(0297	requiring skin graft of local			involving ribs plus plastic	00.0	
		flaps to repair donor site		0451	reconstruction 10 Excision of cyst, etc.,	00.0	21.0
		(use multiple procedure		0.10.1	1-31 -4 1	25.0	7.0
		formula to obtain value of		0457	Complete (simple)	10.0	7.0
	3200	donor site repair)				30.0	8.0
(0308	direct flap or tube pedicle for-		0470	Radical mastectomy, includ-	.010	0.0
ſ	309	mation, initial stage 20.0	6.0		ing breast, pectoral muscles		
•	,00,	requiring skin graft to re- pair pedicle flap donor site			and axillary lymph nodes 6	60.0	12.0
		(use multiple procedure					
		formula to obtain value of			MUCCIU OCKEL EEL GARRES		
		this donor site repair)			MUSCULOSKELETAL SYSTEM		
C	310	delay, intermediate transfer,			BONES		
		or sectioning of pedicle of			DOTALD		
0	211	tube or flap graft15.0	4.0	These fee	es include the application of first		
U	311	excision of lesion or prepara-		cast or tr	raction device.		
		tion of recipient site and attach- ment of tube or pedicle graft 20.0	-				
		ment of tube of pedicte graft 20,0	\mathbf{T}	Incision			
BU	IRNS -	List percentage of body surface		0501	Aspiration biopsy of bone		
in	volveď	• location of involved area, age			marrow, including sternal	2.0	
of	patien	it, and degree of burn.		0506	puncture	3∵0	
(D	oes nõ	t include skin grafts.)			f	0.0	4.0
*0	352	Dressings, initial or subsequent		0513	Sequestrectomy for osteo-	J. U	** U
		under anesthesia, small 4.0	\mathbf{T}		myelitis or bone abscess.		
						0.0	4.0
Fo	rm 7	SEMOT					

	Sur	°0°.	Anes.			
0516	Removal of metal band, plate.	· 6°	zinco.	0593	Incontion of Surg.	Anes.
	acrew or nail (independent			0390	Insertion of metal pin	
	procedure)	0	\mathbf{T}	0595	(Steinmann pin) 5.0	4.0
Octra				0597	Insertion of caliper or tongs . 5.0 Insertion of threaded or	4.0
USIEC	OTOMY - Cutting, division or			00),	headed wire	
intern	ction of bone, with or without				5.0	4.0
0526				Repair		
0527	Clavicle	-	6.0	0611	Osteoplasty: shortening of	
0530	Humerus	U	6.0		bone, femur, tibia, humerus. 80.0	12.0
	fracture	^		0612	shortening of bone, radius	12.0
0531	Llino	_	6.0	25.2	ulna 50 0	10.0
0532	Hemir gubtwoobout at	_	6.0	0613	other pones	8.5
0534	Femur, supracondylar 60.0		12.0	0614	lengthening of bone 100.0	18.0
0536	11bla	ń	12.0 8.0	0616	mandibular for prognathism	20.0
0537	Lesser bones	n	6.0		or micrognathism, one or	
0538	Correction of bowlegs or		0.0		two stages 100.0	Т
	knock-knees, bilateral 50.0	n	12.0	PONTE O		_
0539	unilateral 30.0		6.0	DONE G	GRAFT - Osteoperiosteal graft;	
¬		-	0.0	periose	eal graft. Includes obtaining and of graft.	
Excisio				0617		
0550	Biopsy bone, superficial 4.0)	4.0	0017	Bone graft; femur, tibia,	
0551	deep)	5.0	0618	humerus 80.0	16.0
0552 •0553	Claviculectomy, partial 30.0)	6.0	0619	radius, ulna	11.0
0554	total 50.0)	9.0		autogencus, to face or skull (including taking	
0556	Astragalectomy 40.0		8.0		and placing)	_
D557	Excision of head of radius 30.0		7.0	0620	and placing) by report other bones 30.0	T
D560	Carpectomy, one bone 25.0		7.0	0622	Bone or cartilage graft, non-	9.0
D561	Coccygectomy	}	7.0		autogenous, or heterologous	
5001	Patellectomy or hemi-				graft, to face or skull (in-	
D 563	patellectomy 35.0		7. 0		cluding preparing and placing	
J565	Metatarsectomy		6.0		material)	11.0
J566	Excision of bone cyst, chon-			0634	Spinal fusion with partial ex-	11.0
	droma, or exostosis, large				cision of intervertebral disk	
	honog		0.5		(see Joints - Excision -	
₽567	am all har a		8.5		1075 to 1076)	18.0
₽ 576	Partial ostectomy; partial		6. 0	0635	Spinal lusion, more than two	10.0
	excision of bone; crateriza-			0640	segments 80 0	17.0
	tion, guttering or sauceriza-			0642	Lumbosacral fusion, 70.0	15.0
	tion of bone; diaphysectomy -			0645	Scapulopexy 50 0	12.0
	femur, tibia, humerus.			0648 0649	Patellapexy 40.0	9.0
	radius, fibula, etc. 40.0		8.5	0049	rectus excavatum - infants -	
577	lesser bones 20.0		6.0	0650	plastic repair 30.0	7.0
580	Radical resection of bone for			0030	Pectus excavatum (major)	
	tumor with bone graft, major			0654	plastic repair 100.0 1	17.0
=01	bone 80.0	10	6.0	0001	Epiphyseal diaphyseal fusion;	
581	minor bone	. 1.	1.0		epiphyseal arrest; epiphysi-	
roduct	ion 6: 2			0655		9.0
- appor	ion (independent procedure only;	•		0656	combined (femur, tibia and	9.0
assoc	Tared biocommich Secontrations	•		_	fibula)	2.0
J/1	Insertion of wire (Kirschner			0657	combined (upper and lower	2.0
ł	wire) 5.0	4	1.0		tibial and fibrilary	2.0
	N				7, 17, 17, 10, 00, 0	4. U

0.667		Surg.	Anes.		Trunk (continued)	Surg.	Anes.
0667	Freeing of bone adhesions, callus or synostosis (inde-			0742	simple or compound, open reduction	30.0	Т
	pendent procedure) (see Ostectomy)			0747	Scapula, simple, closed reduction	10.0	4.0
	FRACTURES			0752	plus acromial process, simple, closed reduction	15.0	4.0
Manin	ılation			0753	compound	30.0	7.0
*0681	Skull, nonoperative	3.0		0754	simple or compound,		
0683	depressed with operation		13.0		open reduction	45.0	9.0
	•	00.0		0756	Sternum, simple, nonde-		
Facial					pressed, closed reduction		4.0
0686	Nasal, simple, closed re-			0757	compound	20.0	4.0
	duction	5.0		* 0761	Ribs, simple, strapping	2.0	
0687	compound, closed reduction.	10.0	T				
0688	simple or compound, open			Pelvis (Ili	um, Ischium, Pubis)		
	reduction	20.0	7.0	0767	Fracture, simple closed re-		
0691	Malar, simple, closed reduc-				duction	10.0	4.0
	tion	5.0		0770	one or more bones, com-		
0693	Malar, simple or compound,				pound	40.0	8.0
		30.0	7.0	0771	one or more bones, simple		•••
0694	• •	50.0	11.0	¥=	or compound, open reduc-		
0696	Maxilla, simple, closed reduc-				tion	60.0	13.0
0070	tion	5.0		0772	Acetabulum, with or without	00.0	10.0
0699	Maxilla, simple or compound,	0.0		0772			
0077					other fractures of pelvis,		
	closed reduction, with wiring	20.0	0.5		simple, closed reduction, no	20.0	
0701	•	30.0	9.5	0770	displacement	20.0	~ ^
0701	simple or compound, open			0773	central, with displacement	40.0	7.0
	reduction, with wiring of		4. 0	0774	compound	30.0	7.0
		50.0	11.0	0775	simple or compound, open		
0702	multiple, simple or com-				reduction	60.0	13.0
	pound, complicated, open						
	reduction, and fixation by			Upper Ext			
	traction, head caps,			0778	Humerus, surgical neck,		
	multiple internal fixation,				simple, not requiring manip-		
	etc	00.0	19.0		ulation	15.0	
0703	Mandible, simple, closed re-			0780	surgical neck, simple, re-		
	duction	5.0			quiring manipulation with		
0704	Mandible, simple or com-				general anesthesia	25.0	6.0
	pound, closed reduction and			0781	compound	30.0	7.0
		30.0	9.0	0782	simple or compound,		-
0705	simple or compound, open				open reduction	40.0	11.0
0.00		50.0	11.0	0784	shaft, simple, closed re-		1
0706	skeletal pinning with ex-	00.0		0/01	duction	15.0	
0,00		40.0	10.0	0785	simple, closed reduction	10.0	
	ternat traction	40.0	10.0	0783	with general anesthesia.	25.0	6.0
Cmino	and Trunk			0787		20.0	0.0
				0/6/	simple or compound,	40.0	10.0
0720	Vertebral body, closed reduc-	20.0	fr:	0700	open reduction	40.0	10.0
0701	tion, one more than one Sacrum, compound	20. U	$_{\mathrm{T}}$	0788	skeletal pinning with ex-	20.0	6.0
0721	more than one.	30.D	T	A	ternal fixation	30.0	6.0
0732	Sacrum, compound	20. D	T	0791	Elbow (distal end of humerus,		
0740	Clavicle, simple, closed re-				proximal end of radius,		
		10.0	4.0		proximal end of ulna), con-		
0741	compound	20.0	4.0		dyle only, simple, closed re-		, -
					duction	15.0	4.0

Upper 0792	Extremity (continued) one or more bones, simple,	Surg.	Anes.	Upper 0842	Extremity (continued) Surg. Metacarpal, one, simple,	Anes.
0793	closed reduction one or more bones, com-	15.0	4.0	0844	closed reduction 7.0	4.0
0770		40.0	. 7.0	0011	one, simple or compound,	7.0
0794	one or more bones, simple	30.0	. /.0	0848	open reduction 20.0 skeletal pinning with exter-	7.0
0//4	or compound, open reduc-			0040	nal fixation20.0	7.0
	tion	40.0	10.0	0852	Phalanx or phalanges, one	7.0
0795	skeletal pinning with exter-	30.0	10.0	0002	finger, or thumb, simple,	
0//0	nal fixation	30.0	6.0		closed reduction 5.0	4.0
0796	supracondylar	20.0	4.0	0853	one finger, or thumb, com-	7.0
0797	olecranon, open reduction		8.0	0000	pound	4.0
0798	Radius, head, simple, closed		• • •	0854	simple or compound, open	4, 0
	reduction	10.0	4.0	0001	reduction	5.0
0800	head, compound	20.0	4.0			5.0
0801	simple or compound, open			Lower	Extremity	
	reduction	30.0	8.0	0865	Femur, neck, simple, closed	
0802	shaft, simple, closed re-				reduction, with fixation 30.0	8.0
	duction, without displace-			0867	neck, simple or compound,	
	ment	10.0	4.0		open reduction60.0	12.0
0803	simple, closed reduction,			0868	multiple pinning, with or	
	with displacement	15.0	4.0		without external fixation 60.0	12.0
0804	compound	20.0	4.0	0872	intertrochanteric, simple,	
0805	simple or compound, open				closed reduction with fixa-	
	reduction	30.0	8.0		tion	6.0
0807	distal end, Colles' (including			0874	simple, open reduction 60.0	12.0
	ulnar styloid), simple,			0877	slipped epiphysis, closed	
	closed reduction	15.0	4.0		reduction with fixation 30.0	6. 0
0810	simple or compound, open			0878	open reduction, acute60.0	12.0
	reduction	30.0	8.0	0879	reconstructive, late 100.0	18.0
0811	skeletal pinning with external			0881	shaft, including supra-	
0010	fixation	20.0	6. 0		condylar, simple, closed	
0813	Ulna, shaft, simple, closed				reduction 30.0	6. 0
0014	reduction	10.0	4.0	0882	Femur, compound with	
0814	shaft, simple, closed reduc-			0000	general anesthesia 40.0	9.0
	tion with displacement and	15 0	E 0	0883	simple or compound,	10.0
0815	with general anesthesia	15.0	5.0	0004	open reduction 60.0	12.0
0816	compound	20.0	5.0	0884	skeletal pinning with ex-	7.0
0010	reduction	30.0	8 . 0	0885	ternal fixation 40.0	7.0
0817	skeletal pinning with exter-	30,0	0.0	0000	Knee (distal end of femur, proximal end of tibia,	
0017	nal fixation	25.0	6.0		proximal end of fibula),	
0820	Radius and ulna, simple, closed	20.0	0.0		femur or tibia, condyle	
0020	reduction	15.0			closed reduction 20.0	
0821	simple, closed reduction with	10.0		0886	compound with general	
00-1	general anesthesia	22.5	6.0	0000	anesthesia 30.0	7.0
0823	simple or compound, open		•••	0887	simple or compound, open	, . 0
	reduction	45.0	10.0		reduction 40.0	11.0
0824	skeletal pinning with exter-			0889	two condyles 35.0	7.0
	nal fixation	30.0 •	7.0	0895	Patella, simple 10.0	
D827	nel fixation			0896	compound with general	
	CTONER TECHTICITATION	8.0	4.0		anesthesia 20.0	5.0
D830	one, simple or compound,	•		0897	simple, open reduction 30.0	8.0
	open reduction	25.0	7.0	0901	Tibia, shaft, simple, closed	
					reduction	

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	4	Common	Anos	Lower E	xtremity (continued) S	urg.	Anes.
	Extremity (continued)		Anes.	0963	simple or compound, open		
902	with general anesthesia simple or compound, open	22.0	0. 0	0,00	reduction	45.0	8.0
904	reduction	40.0	9.0	0964	skeletal pinning with exter-		
907	malleolus, simple, closed	2000			22012 2000	30. 0	6.0
907	reduction	15.0		0967	Metatarsal, simple, closed		
910	simple or compound, open				reduction, one	7.0	
/10	reduction	30.0	8.0	0968	one, compound, with general	14.0	6.0
914	Fibula, shaft, simple, closed					14.0	6.0
/ = -	reduction	10.0		0970	one, simple or compound,	20 0	7.0
916	simple or compound, open			0000		20.0	. 7.0
	reduction	20.0	6.0	0980	Phalanx or phalanges, one toe,	3.0	T
920	malleolus, simple, closed			0000	simple, closed reduction one toe, simple or com-	0, 0	•
	reduction	10.0		0982		12.0	5.0
922	simple or compound, open	00 0	0.0		pound, open reduction.	120	3.0
	reduction	30.0	8.0		JOINTS		
926	Tibia and fibula, shafts, simple,	20.0		Incision	JOHNE		
	closed reduction	20.0		ARTHRO	TOMY or capsulotomy with ex-		
5927	compound with general	30.0	7.0	ploratio	n, drainage or removal of loose		
-000	anesthesia	30. U	7.0	body, e.	g., osteochondritis or foreign		
7928	simple or compound, open	50.0	10.0	body.	8.,		
20.00	reduction	50.0	10.0	1001	Diloutage	30.0	
089 0	nal fixation	40.0	7.0	1002	IJLDOW C.	30.0	
0933	Ankle, bimalleolar (including	2000		1003	77220	30.0	7.0
סטקע	Pott's) simple, closed reduc-			1006	Other joints of upper ex-		- 0
	tion	20.0			01 011120)	20.0	
)934	compound, with general			1007	1112	50.0	
3704	anesthesia	30.0	6.0	1008	Kiloo	40.0	
0935	simple or compound, open			1010	Ankle	30.0	8.0
	reduction		9.0	1013	Other joints of lower ex-	20.0	5.0
)938	trimalleolar, simple, closed			1015		10.0	
	reduction	25.0)	1017	Finger, one	10.0	
D940	compound, with general			1026	Toe, one	10.0	
	anesthesia		7.0	*1046	aspiration of joint, or injec-		
D941	simple or compound, open				tion of medication, initial	2.0)
	reduction	50.0	11.0	1047	subsequent	1.5	
1)944	Tarsal (except astragalus and	3		1050	Sesamoid bone, excision,		
	os calcis), one, simple, closed	. 8.0	١	1000	one or more, unilateral	15.0	6.0
	reduction		,				
r)945	one, compound, with genera	 16 (6.0	Excisio	n		
-2014	anestnesia	1010	, 0.0	ARTHR	ECTOMY - Excision of joint		
€0946		. 24.0	8.0		throdesis).		
- 0955	open reduction		J 3. 0	1061	Punch biopsy of synovial	_	_
-U200	duction)		membrane	3.0	J
0956	The state of the s		-	1065	Temporomandibular joint,		
0730	anesthesia	. 22.5	5 6.0		unilateral	60.0	0 13.0
0957				1074	Excision of intervertebral	70	กั 12.0
3701	reduction	** 45. (0:8.0		disk	100	0 13.0
0961		•	•	1075	with spinal fusion	TOO.	0 18.0
970I	duction	15.	o :	1077	Excision of neural arch and		
	1 (4)	-	-		nerve exploration for		
0962	compound, with general		5 6.0		spondylolisthesis	gn i	0 15.0

	S	lu mor	Anes.	Suture		Sura	Anes.
1.082	Meniscectomy: excision of	urg.	Viice.	1201	Capsulorrhaphy: suture or	burg.	Aucs.
2.3702	semilunar cartilage of knee				repair of joint capsule (in-		
		40.0	8.0		dependent procedure) for re-		
1085		50.0	9.0		current dislocation, shoulder,	70.0	12.0
1093		60.0	10.0	1202	patella	50.0	9.0
1101		30.0	14.0	1211	Suture of torn, ruptured or	••	
1102		50.0	10.0		severed collateral ligaments,	40.0	
1103	ankle4	40.0	9.0	1010	knee	40.0	8.0
				1212	Suture of torn, ruptured or		
Introduc					severed cruciate ligaments,	40.0	0.0
1131	Arthrography; injection of			1213	knee Suture of torn, ruptured or	40.0	8.0
	air or radiopaque material			1213	severed collateral and		
	into joint for roentgen examination (X-ray charges not				cruciate ligaments, knee	60.0	11.0
	included)	3.0		1215	Reconstruction, both col-	00.0	11.0
	included)	0.0		2220	lateral or cruciate ligaments,		
Repair					knee	70.0	15.0
	OPLASTY - Plastic or recon-			1216	Reconstruction, both col-		
	re operation on joint, any type.				lateral ligaments, ankle	50.0	10.0
1141		70.0	15.0	1217	Reconstruction, both		
1142	Elbow	60.0	12.0		metacarpophalangeal or		
1143	Wrist	50.0	10.0		interphalangeal ligaments	30.0	8.0
1144	Finger, one joint 2		6.0				
1150	Hip		18.0	Manipula			
1151	Knee		15.0		tion of joint under general		
1152		60.0	12.0		ia, including application of		
1153	Toe, one joint	15.0	6.0		raction (independent pro-		
1162	Metatarsophalangeal joint;	n= 0	7.0		(Dislocations excluded.)	5.0	т
	bunion operation	25.0	7.0	*1221 *1222	Shoulder	5.0 4.0	$rac{ ext{T}}{ ext{T}}$
A DTLID.	ODESIS - Eugion of joint with			*1223	Wrist	4.0	4.0
	ODESIS - Fusion of joint, with out tendon transplant.			*1224	Digits, one or more, under	4.0	410
1166		70.0	15.0	1.221	anesthesia, where no other		
1167		60.0	13.0		surgical procedure is per-		
1168		50.0	10.0		formed	2.5	Т
1170		15.0	5.0	*1226	Hip	6.0	T
1175	Hip	00.0	17.0	*1227	Knee	5.0	T
1176		70.0	14.0	*1228	Ankle	4.0	T
1177	Ankle	60.0	12.0	*1232	Spine	6.0	T
1178	Hammer toe, operation,			*1233	Manipulation of shoulder for	:	
	one toe	20.0	5.0		fibrous ankylosis, under	F 0	CC.
1181	Hallux rigidus, repair of		8.0	1041	general anesthesia	5.0	T
1183		30.0	8.0	1241	Turnbuckle jacket, body	10.0	
1184	Other joints, lower extremity	3U. U	7.0	1242	only, for scoliosis Turnbuckle spica jacket for	10.0	
1185	Foot, triple arthrodesis, uni-	50.0	9.0	1444	scoliosis	12.5	4.0
1187	lateral	JU. U	9. U	*1244	Club foot and application of		2.0
110/	tion	60. O	12.0	1271	cast, unilateral	.2.0	Т
1190	Stabilization of points by bone.			*1245	application of subsequent		_
	block		8:0		casts, unilateral	2.0	T
		•			•		

*1246		Surg.	Anes.			Surg.	Anes.
1240	application of cast,			1301	simple or compound,		11
*1247	bilateral, initial	3, 0	T		open reduction	40.0	9.0
124/	application of subsequent			1304	Metacarpal, one bone,		/• 0
#k1040	casts, bilateral	3.0	T		simple, closed reduction	5.0	4.0
*1248	wedging cast	1.0		1305	one bone, compound	10.0	4.0
D	41			1306	simple or compound,	1010	1.0
Disloca					open reduction	20.0	5.0
*1251	Temporomandibular, simple,			*1315	Finger, one, one or more	20.0	0.0
1056	closed reduction	5.0			joints, simple, closed re-		
1256	Vertebra, cervical, simple,				duction	3.0	Т
•	closed reduction with general			1316	compound	6.0	4.0
	anesthesia	40.0	5.0	1317	simple or compound, open	0.0	4. 0
1258	cervical, simple or com-				reduction	12.0	5.0
	pound, with operation	80.0	15.0	*1326	Thumb, simple, closed re-	14.0	3.0
1262	dorsal, simple, closed re-			•	duction	3.0	Т
	duction with general anes-			1327	compound	10.0	4.0
	thesia	40.0	5.0	1328	simple or compound, open	10.0	4.0
1264	dorsal, simple or com-			_	reduction	15.0	5 0
	pound, with operation	80.0	15.0	1332	Hip (femur), simple, closed	15.0	5.0
1267	lumbar, simple, closed				reduction	15 0	4.0
	reduction with general			1334	simple or compound, open	15.0	4.0
	anesthesia	40.0	5.0	200 %	reduction	E0 0	10.0
1270	lumbar, simple or com-			1338	COngenital closed medica	50.0	10.0
	pound, with operation	80.0	15.0	1000	congenital, closed reduc-	15 0	= -
1273	Clavicle, sternoclavicular,			1344	Knee (tibis) simple election	15.0	5.0
	simple, closed reduction	10.0	4.0	1011	Knee (tibia), simple, closed	10.0	4 -
1274	compound, with general			1345	reduction	10.0	4.0
	anesthesia	20.0	4.0	1040	compound, with general	00.0	
1275	simple or compound, open			1346	anesthesia	20.0	4.0
	reduction	30.0	7.0	1040	simple or compound, open		
1278	acromioclavicular, simple,	00.0	71.0	1350	reduction	50.0	9.0
	closed reduction	7.0	4.0	1330	Patella, simple, closed re-		
1281	simple or compound,	710	2.0	1351	duction	5.0	4.0
	open reduction	30.0	7.0	1352	compound, with anesthesia	10.0	5.0
*1284	Shoulder (humerus), simple,	00.0	7.0	1002	simple or compound, open		
	closed reduction	5.0	4.0	1355	reduction	30.0	8.0
1286	simple or compound, open	3.0	4.0	1333	Ankle, simple, closed re-		
	. 1	40.0	9.0	1956	duction	10.0	4.0
1290	Elbow, simple, closed reduc-	40. U	7. U	1356	compound, with general		
	tion	8.0	4.0	1 257	anesthesia	20.0	5.0
1291	compound, with general	0.0	4.0	1357	simple or compound, open		
		16.0	5.0	1961	reduction	40.0	9.0
1292	simple or compound, open	10.0	3.0	1361	Tarsal, simple, closed re-		
		40 A	0.0	1000		10.0	4.0
1295	Wrist, carpal, one bone,	40.0	9.0	1362	compound, with general		
/-	simple, closed reduction	7.0	4.0	10/0	anesthesia	20.0	5.0
1296	compound, with general	7.0	4.0	1363	simple or compound, open		
		14.0	5.0	1071	reduction	35.0	6.0
1297	simple or compound, open	14.0	5.0	1371	Astragalotarsal, simple,	.•	
,		30 8	7.0	1000	closed reduction	10.0	4.0
1298	more than one bone about	30, 9	7.0	1372	compound, with general		
	more than one home, simple, closed reduction	10 8	4.0	1.070	anesthesia	20.0	5.0
1300	compound, with general	10.0	4.0	1373	simple or compound, open		
	11 1	20.0	5.0		reduction	35. U	6.0
		20.0	5.0		•		

1376	6 Metatarsal, one bone, simple,	Surg.	Anes.	Suture		Sura	Anes.
	closed reduction	5.0	4.0	1495	Suture of ruptured		Alles.
1377	compound	5.0	4.0		diaphragm	60.0	13.0
1378	simple or compound, open	10.0	5.0				
	reduction	20.0	6.0	TE	NDONS, TENDON SHEATHS ANI) FASC	TA
1385	Toe, one, simple, closed	20.0	0.0		· ·		
	reduction.	3.0	T	Incision *1511	-		
1386	compound	6.0	4, 0	1211	Drainage of tendon sheath,		
1387	simple or compound, open		-,0		infection for acute tenosyno-		
1 201	reduction	12.0	5.0	1514	vitis, one digit.	2.0	
1391	and one, one of more			1011	Drainage of tendon sheath, infection for tenosynovitis,		
	joints, simple, closed re-				single palm and/or wrist,		
1392	duction	5.0	4.0		ulnar or radial bursa infec-		
. 10/2	compound	10.0	4.0		tion, in hospital	20.0	F 0
	DIIDCAT			*1517	Injection of medication,	30.0	5.0
Incisio	BURSAE				tendon sheath, hand.	1.0	
*1401	Drainage of infected bursa	0.0		1519	incision of fibrous sheath of	1.0	
1406	Removal of subdeltoid cal-	3.0			tendon for stenosing teno-		
	carcoug demonstr	15.0	and the same		synovitis, to include freeing		
1410	Removal of subtrochanteric	13.0	T		of tendons or removal of		
	Calcaracia denseta	20.0	Т	150-	foreign body, in hospital	20.0	6.0
*1413	Puncture for aspiration of	40.0	1	1531	Division of iliotibial hand.		0, 0
	bursae, initial	2.0		1524	open operation	30.0	7.0
*1418	subsequent	1.5		1534	Stripping of Ilium (Soutter		
*1424	Needling of bursa	2.0		*1535	operation)	40.0	8.0
*1425	subsequent	1.5		1000	Tenotomy, corrective, single		
*1427 *1428	with irrigation of bursa	2.0		1536	digit, subcutaneous	5.0	4.0
1420	subsequent with irrigation			1539	corrective, multiple hip adductors, subcu-	10.0	\mathbf{T}
	of bursa	1.5			taneous	10.0	
Excisio	an .			1541	open	10.0	4.0
1430	Radical excision of bursae,					30.0	6. 0
2,00	forearm, viz., tenosynovitis			Excision			
	fungosa, Tbc., and other			1550	Excision of small ganglion		
	granulomas 50	0.0	10.0		cysts	4.0	4.0
1431	Excision of bursa, olecranon . 15	5.0	10.0	1552	Excision of lesion of tendon	140	T. U
1433	prepatellar	5.0	5.0 5.0		or fibrous sheath, including		
1435	subacromial 20	0.0	6.0	1552	ganglion, digits only	10.0	4.0
1436	icchial	0.0	6.0	1553 1555	in other locations.	20.0	T
			0.0	1000	Radical excision of bursae,		
Inoleten	MUSCLES				forearm, viz., tenosyno-		
Incision 1450					vitis fungosa, Tbc., and other granulomas (see 1430).		
1430	Removal of foreign body in			1562	Excision of Baker's cyst		
1454	muscle, general anesthesia 10	. 0	T		(synovial cyst of popliteal		
7.40.4	Division of scalenus anticus.					20.0	
	without resection of cervical	_		1570	Fasciotomy, single, palmor	30.0	8.0
1456	with resection of cervical	. 0	6.0		ROLO CIII DII TANA	.0.0	
	ribe		" 0	1573	for Dupuytren's con-		
1458	Division of sternomastoid for	y I	5.0		tracture, partial	0.0	7.0
	torticollis, open operation 25.	đ	7.0	1574	including finger ex-		
1460	Militaria biomana anti-	.0	/ . U		tensions and vertical		
	To the state of th				bands, radical 5	0.0	T

Form 785MGI

Repai		Surg.	Anes.	Amput	cation	_	
1580		0.			Extremity	Surg.	Anes.
	tendon, single, hand or foot,						
	distal to wrist or ankle	10.0	${f T}$	1701	Interthoracoscapular	100.0	19.0
1582	single, forearm or leg	15.0	Ť	1703	Disarticulation of shoulder.	. 70 0	14.0
1583	Repair or suture flexor	10.0	1	1705	Arm through humerus	30.0	7.0
	tendon, single, unless other-			1708	Forearm, through radius		,,,
	wise listed.	20.0			and ulna	30.0	7.0
1585	Transfer, or transplant, or	20.0	T	1710	Guillotine upper arm	30.0	7.0
200	of of office of			1711	with subsequent revision	00.0	7.0
	free graft of tendon, single,				or reamputation (same		
1586	distal to elbow, distal to knee.	30.0	T		surgeon)	40.0	7 0
1000				1712	Cineplasty, complete pro-	40.0	7.0
1587	knee to hip	50.0	T		cedure	(0.0	
	renorysis, single	20.0	T	1718	Disarticulation of wrist		13.0
1589	Lengthening or shortening			1722	Hand through material	30.0	· 7 . 0
1500	tendon	20.0	Т	2722	Hand through metacarpal		
1592	Retrieve or reroute tendon		_	1725	bones	30.0	T
	through separate incision,			1720	Metacarpal, with finger or		
	add 25% of appropriate fee.				thumb, one, with split or		
1612	Free fascial graft for recon-				Wolff graft, or skin-plasty		
	struction tendon pulley or				and/or tenodesis with		
	repair bowstring tendon,				definitive resection palmar		
	single (independent pro-				digital rerves	20.0	Т
	cedure)	10.0	-	1737	Finger, any joint, or		L
1613	for reconstruction tendon	10.0	T		phalanx, one, with split or		
	Dulley or repair bettering				Wolff grait, or skin-plasty		
	pulley or repair bowstring				and/or tenodesis, with		
	tendon to form gliding sur-				definitive resection volar		
1616	face for tendons	10.0	T		digital nerves	10 6	and the same of th
1010	Abdominal fascial transplants,					12.5	\mathbf{T}
1632	bilateral	60.0	T	Lower F	Extremity		
	Patellar advancement	50.0	10.0	1748			
1633	Ruptured quadriceps insertion	30.0	8.0	1750	Disarticulation of hip		18.0
1640	Ruptured biceps tendon from			1752	Disarticulation of knee	40.0	6.0
	insertion elbow.	30.0	8.0	1,02	Thigh through femur, in-		
1641	Flexor-plasty, elbow.	50.0	11.0	1760	cluding supracondylar	50.0	10.0
1654	Repair ruptured supraspinatus			1763	Guillotine, thigh	40.0	8.0
	tendon or musculotendinous			1/03	with subsequent revision		
	ouff about de-	40.0	9.0		or reamputation (same		
1655	Suture of complete shoulder	10.0	9. 0	17/7	surgeon).	50.0	8.0
	cuff avulsion	70 0	17.0	1767	Leg, through tibia and		
		/ U. U	17.0		fibula	40.0	8.0
	EXTREMITIES			1771	Guillotine, leg	30.0	8.0
Incision				1774	with subsequent revision		0.0
1682	Drainage of felon in hospital				or reamputation (same		
	with general anosthosis				CILIMON CO.	40.0	8.0
1686	with general anesthesia I Drainage of single infected	.0.0	4.0	1778	Ankle (Syme, Pirogoff), with	10.0	0.0
2000	Space of hand (I-maked				skin-plasty and resection		
	space of hand (lumbrical,				TOTAL CO.	40.0	FILE
	hypothenar, thenar, middle			1782	Foot, transmetatarsal, each	40.0	T
	palmar, etc.) with or without				foot	20 C	Per
•	tendon sheath involvement, in			1785		30.0	T
1.600	hospital	5.0	4.0.	1788	Metatargal with tag	30 . 0	\mathbf{T}
1692	Drainage of multiple infected				Metatarsal with toe, split or Wolff graft, or skin-plasty		
	spaces of hand with or with-	: :			and/or tenodesis, with de-		
	out tendon sheath involvement)				finitive resection distant		
	in hospital 3	0.0	5.0		finitive resection digital		_
					nerves 2	0.0	T
Form 78	TPMC		-11-				

1802 1803	Toe, any joint or phalanx, one. Toe, more than one, split or Wolff graft, or skin-plasty	Surg. 10.0	Anes. T	Endosc *1941	copy Surg Rhinoscopy with removal of foreign body in nose 2.0	Anes.
	and/or tenodesis, with de-	15 0		Repair		
	finitive resection digital nerves	15.0	Т	1950	Rhinoplasty, complete	
Repai: 1811					external parts (including bony pyramid, lateral cartilages,	
1011	Freeing of web fingers, with flaps,	25 0	7.0	1050	and tip as necessary) 70.0	13.0
1815	with graft	35.0	7. 0 10. 0	1953	or cartilage graft (see 0619.	
PLAST	TER CASTS (INDEPENDENT PROCE	DURE	ONLY)	1956	0621 or 0622)	
*1851				1957	tip only	7.0
*1854	Molded plaster to forearm elbow to fingers	2.0	T	1958	total or major partial re-	
*1856	hand and wrist	2.0	T		construction (see 0260 to	
*1860	shoulder to hand	2.0 3.0	$_{ m T}^{ m T}$		to 0325, 0169 to 0622)	
*1862	shoulder spica	5.0	T	Doots	43	
*1865	ankle (foot to midleg)	2.0	Ť	Destruc *1965		
*1867	knee (foot to thigh)	4.0	Ť	1903	Cauterization of turbinates,	
*1871	Ambulatory leg cast	3.0	$\hat{\mathbf{T}}$		unilateral or bilateral (inde-	
*1875	Molded plaster to leg	2.0	Ť		pendent procedure) 2.0	
*1878	Spica, unilateral (hip to foot).	6.0	$ar{ extbf{T}}$	Manipul	etion	
*1882	bilateral	7.0	\mathbf{T}	1970	Reduction of fractured nasal	
*1885	Body, shoulder to hips	7.0	${f T}$	=7.0	bones (see 0686 to 0688)	
*1886 *1891	including head	8.0	${f T}$	*1971	Control of primary nasal	
1071	Unna boot	2.0	T		hemorrhage with cauteriza-	
					tion of septum 2.0	
	RESPIRATORY SYSTEM			1978	by ligation of ethmoid	
	RESIRMION I SISIEM				artery 25.0	7.0
Incision	NOSE				ACCESSORY SINUSES	
*1901						
*1905	Drainage of nasal abscess	1.5		Incision		
1700	Drainage of septal abscess	2.5		*1981	Antrum puncture, unilateral . 2.0	
Excisio	n			1985	Maxillary sinusotomy, simple.	
*1911	Diamers ft si	2.0			antrum window operation,	
*1915		2.0		1007	unilateral 15.0	7.0
1916	Excision nasal polyps.			1986 1988	bilateral 20.0	7.0
	multiple, unilateral or			1700	Radical (Caldwell-Luc), uni-	_
	bilateral, one or more stages.			1991	Sphenoid sinuscitors 40.0	9.0
1017	office	5.0		1992	Sphenoid sinusotomy 25.0 Frontal sinusotomy, external,	7.0
1917	hospital, with anesthesia 15	.0	5.0			7.0
1922	Excision of nasopharyngeal			1993	radical 50.0	7.0 11.0
1924	fibroma 35	.0	\mathbf{T}	1994	Combined external frontal,	11.0
1,24	Excision of skin of nose for				ethmoid and sphenoid sinuso-	
1928	rhinophyma 30 Submucous resection (nasal	. 0	7.0		tomy, unilateral 70.0	15.0
	septum, including septoplasty) 30		:. :			
1935	Resection of turbinate (sub-	V	• • •	Excision	171.1	
	mucous), complete or partial.			2006	Ethmoidectomy, intranasal,	
	unilateral or bilateral (inde-		•	2013	unilateral 20.0	7.0
	pendent procedure) 10	.0	7.0	2016	external, unilateral 25.0	7.0
Form 78					bilateral 35.0	9.0
7 OTH 10	JUGI.		-12-			

Suture 2031	Closure of dental fistula of	Surg.	Anes.	2126	Su Bronchospirometry and	urg.	Anes.
2001	maxillary sinus with flap or radical antrotomy	40.0	12.0	2120	catheterization of bronchi	5.0	7. 0
2032	Closure of oronasal fistula (local mucoperiosteal pedicle	10.0	12.0	2127	Tracheal aspiration (independent procedure) under	0.0	7.0
	flaps)	30.0	11.0	*2128	direct vision 10	0.0	6.0
~	LARYNX						
Incision 2041	Laryngofissure with removal of			Repair 2132	Track confector detection and 70	5 A	01.0
2041	tumor		14.0	2133	Tracheoplasty: intrathoracic. 75 Bronchoplasty (graft repair). 90		21.0 22.0
		00.0		2134	(excise stenosis and	0.0	22.0
Excision					anastomosis)90	0.0	22.0
2051	Laryngectomy, without neck			2135	with lobectomy and		
2055	dissection		17.0 17.0		anastomosis 100	0.0	26.0
2057	Hemilaryngectomy Epiglottidectomy, external	00.0	17.0	Suture			
2007	approach	70.0	14.0	2141	Tracheorrhaphy: suture of		
2058	endoral approach		7.0		external tracheal wound or		
					injury, depending on struc-		
Introduc					ture and extent of injury		~ ^
2061	Injection of radiopaque sub-			2142		0.0	8.0
	stance into larynx for bronchography, indirect			2142	(intrathoracic)	5.0	13.0
	method	3.0		~		0.0	7.0
2063	direct with bronchoscope	5.0		2147	Closure of tracheo-esopha-		
131					geal fistula 75	5.0	25.0
Endosco 2071					LUNGS AND PLEURA		
2071	Laryngoscopy, direct, diagnostic (independent procedure).	10.0	7.0	Incision	LUNGS AND FLEURA		
2074	with biopsy	15.0	7.0	2151	Thoracotomy, exploratory,		
2077	operative, including re-				including control of hem-		
	moval of foreign body	15.0	7.0		orrhage and/or biopsy and		
2081	including removal of	20.0	7.0	0154		0.0	15.0
*2085	papilloma or other tumor subsequent, indirect	1.0	7.0	2154	with open drainage of em- pyema cavity by rib re-		
2087		10.0	7.0		section (independent proce-		
_00.					dure)	5.0	10.0
	TRACHEA AND BRONCHI			2157	with closed drainage of		
Incision	m - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				empyema cavity; tube		
2101	Tracheotomy (independent pro-	20.0	7.0		drainage with negative pressure (independent		
	cedure)	20.0	7.0			0.0	5.0
Endosco	py			2160	with removal of intra-	•••	0,0
2111	Bronchoscopy, diagnostic	15.0	7.0		pleural foreign body or		
2113	with biopsy	15.0	7.0	4.44	•	0.0	16.0
2117	with removal of foreign body	25.0	7.0	2163	with open intrapleural	0 0	16.0
2120 2121	with excision of tumor with aspiration of bronchus	25.0	7.0	2166	-	0.0 0.0	16.0 15.0
2121	with drainage of Jung abscess	15.0		2170	with open drainage of pul-	U. U	10.0
	or cavity, initial.	15.0	7.0			0.0	16.0
2123	with lipicdol injection.	15.0	7.0	2173	with removal of foreign		
2124	subsequent	10.0	7.0		body from lung 60	0.0	16.0

		Anes.			Anes.
2176	Cruciate incision of thickened		2316	Operation for regurgitation100.0	25.0
	scar deposited on visceral		2317	Operation for coronary	
	pleura 60.0	15.0		disease (poudrage) 50.0	21.0
2177	Total pulmonary decortication. 100.0	24.0			
2180	Pneumonocentesis: puncture of		Excision		
	lung for aspiration biopsy 15.0)	2321	Pericardiectomy 100.0	24. 0
*2183	Thoracentesis: puncture of		2325	Valvulectomy 100.0	25.0
	pleural cavity for aspiration,		2326	Excision of auricular	
	initial 3.0)		appendage 60.0	24.0
*2186	subsequent 2.0)			
			Introduc	etion	
Excision	n		2331	Catheterization of the heart	
2191	Total pneumonectomy100.0	24.0		(independent procedure) by report	
2193	Total or subtotal lobectomy 100.0			right only 20.0	6.0
2194	Wedge resection 75.0		,	left only 15.0	6.0
2196	Pleurectomy, any type (inde-			both 30.0	6.0
21/0	pendent procedure) 80.0	21.0	2332	Injection for angiocardio-	
	position processes, the territory			grams 5.0	
Endosco	nny.		2333	Retrograde aortography -	
2201	Thoracoscopy, exploratory			cut down and pass catheter 20.0	
2201	(independent procedure) 20.0)			
2204	with biopsy 20.0		Destruc	tion	
2207	Closed intrapleural pneumo-		2341	Cardiolysis 60.0	20.0
2207	nolysis 30.(1	2345	Pericardiolysis	20.0
	norysis	•	2010		
Surviva	l Collapse Therapy		Suture		
	COPLASTY - Extrapleural re-		2351	Cardiorrhaphy: suture of	
			2001	heart wound or injury 80.0	23.0
	of ribs, any type.	12.0	2352	suture I-A septal defect 100.0	24.0
2211			2355	Pericardiorrhaphy: suture of	21,0
2212		_	2000	pericardial wound or injury . 70.0	20.0
2213	third stage 30.0	10.0		pericardial would of injury . 7010	2010
2217	Extrapleural pneumonolysis,			ARTERIES AND VEINS	
	including associated filling or	12.0	Incision		
*0001	packing procedures 50.0	12.0		IOTOMY - With removal of	
*2221	Pneumothorax: intrapleural	1	embolus		
*0000	injection of air, initial 5.0		2373	Trunk 60.0	11.0
*2222	subsequent 2.0	,	2376	Neck	11.0
			2380	Extremity 50.0	10.0
	CARDIOMACCIN AR CHCTEM		2300	Extremity 50.0	10.0
	CARDIOVASCULAR SYSTEM		מען דער	OTOMY - With removal of	
	THE ADM AND DEDICABLINA		thrombi		
.	HEART AND PERICARDIUM		2397	Trunk 50.0	11.0
Incision			2401	Neck 50.0	
2301	Cardiotomy with exploration	26.0	2401	Extremity	
0.005	or removal of foreign body100.	26.0	2404	Extremity	7.0
2305	Pericardiotomy with explora-		Evelaio	•	
	tion, drainage or removal of	21.0	Excisio	Excision of coarctation of	
40.000	foreign body 80.	21.0	2426		24.0
*2310	Pericardiocentesis; puncture		• 0.40*7	•	24. U
	of pericardial space for	*	2427	Repair of thoracic or	22.0
400-		0	9490	abdominal aorta 100.0 Popliteal aneurysm 60.0	
*2311	subsequent 3.	U	2428	Popliteal aneurysm 60.0	11.0
2315	Valvulotomy or commissuro-	0 0 0			
	tomy	0 25.0			
T7 5	78 EMO T		_1 4_		

-14-

	eduction Sur	g. Anes.			
243	rulpuncture: wiring of		2558	Surg	. Anes:
	aneurysm, extremity 20	0 7.0	2000	Ligation and division of long	-
243	wiring of aneurysm, aorta. 30	0 11.0		saphenous vein at sapheno-	
243	* Arteriography (exclusive of			femoral junction with or with-	
	X-ray allowance) 10	7.0		out retrograde injection, or	
2435	(exclusive of X-ray allow-		2541	distal interruptions 17.5	7.0
	ance) lumbar	7.0	2561	Ligation and division and	
244(venography (exclusive of	7.0		complete stripping of long	
	X-ray allowance) 5	7.0	2562	or short saphenous veins 25.0	9.0
2445	Blood transfusion, indirect	, ,	2563	of long and short	
	method)	2577	saphenous veins 35.0	10.0
2446	replacement type, Rh factor, 25.0		2576	Ligation and division of short	
2448	airect method			saphenous vein at saphe-	
2449	Incision into and exposure of	•	0501	nopopliteal junction 10 0	5.0
	vein for introduction of medi-		2581	or minor varicose vein of	
	cation and fluid (separate cut-		9505	leg, initial 5.0	١
	down procedure)	T	2585	subsequent 3.0	
2450	Push transfusion, given under	ī			
_	two years of age 10 0	Т			
*2454	Injection of sclerosing solu-	1		HEMIC AND LYMPHATIC SYSTEMS	
	tion into vein of leg. initial.				
	unilateral 1.0		The	SPLEEN	
2461	subsequent, unilateral 1.0		Excision		
_			2601	Splenectomy 60.0	11.0
Repair			7.3		
2472	Repair of aortic arch		Incision	MPH NODES AND LYMPHATIC CHAN	NELS
	anomalies 80.0	${f T}$	*2631		
A Depart		-	2001	Drainage of lymph node	
2475	RIAL ANASTOMOSIS:			abscess or lymphadenitis 2.0	T
	Aortic anastomosis 100.0	25,0	Excision	1	
2478	Pulmonary aortic anasto-		2641	Diamento	
2482	mosis (Pott's) 100.0	25.0	2642	Biopsy of lymph node 5.0	4.0
2402	Pulmonary subclavian		-014	of lymph node (anterior	
2485	anastomosis (Blalock) 100.0	25.0	2644	scalene) 15.0	4.0
2403	Pulmonary innominate			Excision of lymph node 5.0	4.0
	anastomosis (Blalock) 100.0	25.0	RADICAT	L LYMPHADENECTOMY -	
VENO	JS ANASTOMOSIS:		Radical 1	resection of lymph nodes.	
2490	Pomto and		2652	1 1355 com .m. n. n. 1	10.5
2496	Portocaval anastomosis 100.0	23.0	2658		13.0
21/0	Splenorenal anastomosis 100.0	21.0	2665	Cervical (complete), uni-	10.0
Suture					15 0
2511			2672	Groin	15.0
-9-1	Arteriorrhaphy: suture of			40.0	12.0
2515	wound or injury of artery 30.0 Phleborrhaphy: suture of	T			
	Wound or injury of water	_		MEDIASTINUM	
2520	wound or injury of vein 20.0 Ligation and division of	7.0	Incision	2 21 10 174	
	dictus arteriogue		2680	Mediastinotomy with explora-	
2522	ductus arteriosus 80.0 Ligation of carotid artery 40.0	17.0		tion or drainage 70.0	15.0
2525	Ligation of carotid artery 40.0	7.0	2683	Foreign body removal,	15.0
	Ligation and division of inferior vena cava			cervical 70.0	16.0
2526	Ligation of femoral voin	11:0		70.0	16.0
2530	Ligation of femoral vein. 25.0 Ligation and division of com-	- 0 : () •	Excision		
	mon iliaa seels	7.0	2691	Excision of mediastinal cyst. 80.0	18.0
	mon mac vein 40.0	7.0	2693	Excision of mediastinal tumor 80.0	19.0
Form 7	'85MG I				±7+ U
		-15) 		

-15-

		_					
2696	Repair thoracic duct	Surg.	Anes.			Sure	* Amo-
2697	(suture)	70.0	17.0	2785	Partial glossectomy or hemiglossectomy	Park	. Anes.
20) /	Plastic anastomosis, thoracic duct	80.0	19.0	2787	(electrocoagulation) Complete or total	. 30.0	12.0
-	•				glossectomy	60.0	150
	DIGESTIVE SYSTEM			Donata		. 00.0	15.0
				Repair 2791	Cloggonia		
Incisio	MOUTH			2/71	Glossoplasty: plastic operation on tongue (see 0260 to		
*2701	Drainage of sublingual abscess	0.0			0325).		
*2705	Drainage of Ludwig's angina	2.0 7.0		_	,		
•	or Dadwig 5 anglia.	7.0		Suture			
-	LIPS			2801	Glossorrhaphy: suture of		
Excision 2742					tongue wound or injury (see 0260 to 0262).		
2/42	V-excision of small lesion of lip (see 0178 to 0190)				(800 0200 to 0202).		
2743	V-excision of large lesion of				TEETH AND GUMS		
		15.0	6.0	Incision			
2744	Resection of more than one-	10.0	6. 0	*2815	Drainage of alveolar abscess,		
	half lip with plastic closure				acute with cellulitis - oral	2.0	
2746	(see 0260 to 0325).				DALATE AND INV.		
2747	without plastic closure	15.0	7.0	Incision	PALATE AND UVULA		
	Secondary plastic closure (see 0260 to 0325).			*2871	Incision and drainage of		
	(100 000 00 0020).				palate (abscess)	2.0	
Repair				Possisi			
2751	Cheiloplasty: plastic or re-			Excision 2881	Pionas et al.		
	construction operation on lip			2883	Biopsy of palate Excision of local lesion of	2.0	
2754	(see 0260 to 0325).			_550	palate (see 0178 to 0190,		
2701	Plastic repair of harelip, primary, unilateral				0260 to 0267).		
2758	primary, bilateral, one	0.0	12.0	2884	with graft or flap closure		
		0.0	15.0	0005	(see 0275 to 0325).		
2759	bilateral, two stages,		10.0	2885	Resection of palate or wide		
2761	per stage	0.0	12.0	2886	excision of lesion of palate Resection of palate with re-	35.0	9.0
2701	secondary, local revision,				construction (see 0275 to		
	unilateral or bilateral (see 0260 to 0325).				0325).		
2762	Plastic repair of unilateral			2887	Uvulectomy: excision of		
	harelip by recreation of de-				uvula	3.0	
	fect and reclosure	0.0	12.0	Repair			
4/03	riastic repair of bilateral			-	Palatonia strupia stru		
	harelip by recreation of de-				Palatoplasty: plastic operation for partial cleft palate	EO O	10.0
	fect and reclosure - per major stage 60			2 89 2	plastic operation for com-	50.0	10.0
). U 1	.2.0		plete cleft palate, includ-		
• • •	TONGUE			2004	ing alveolar ridge	70.0	15.0
Incision (Glossotomy)			2894	secondary minor revision		
*2771 j	Drainage of lingual absoess	0		2895	(see 0260 to 0276). major revision	- C	
Excision	(Glossectomy)			2897	secondary lengthening	50.0	12.0
2781 F	Honer of a	• •••	• •		procedure	70.0	15.0
	2.	.0		2898			10.0

Form 785MGI

Suture		Suro.	Anes.			Sura	. Anes.
2901	Suture palate wound or injury (see 0265 to 0267).	Du. 8.	711100.		3000	Excision of tonsil tag, uni-	
					3002	unilateral, office, local	
Incision	SALIVARY GLANDS AND DUC	rrs			3004	anesthesia 6.0 Excision of lingual tonsil	•
2911 *2915	Drainage of parotid asscess Sialolithotomy: removal of	5.0	4.0		3004	(independent procedure) 10.0	5.0
	salivary calculus, local	<i>-</i> 0			Repair		
2916	anesthesia	5.0 25.0			3011	Pharyngoplasty: plastic or reconstructive operation on pharynx (see 0260 to 0319).	
Excision		. 0			~ .		
2921 2927	Biopsy of salivary gland	5.0 40.0	4.0 T		Suture	Cutumo of outcome I wound on	
2930	Excision of parotid tumor of submaxillary tumor	30.0	7.0		3021	Suture of external wound or injury of pharynx 10.0	
2931	of submaxillary gland	30.0	7 . 0			injury or pharymx 10.0	
2934	of parotid gland with pres-					ESOPHAGUS	
0027	ervation of facial nerve	60.0	Т		Incision	T1 1	10.0
2937	with sacrifice of facial nerve	50.0	T		3031 3032	for removal of foreign	
Repair					3033	body	
2941	Plastic repair of salivary				3000	intratioracte /0.0	10.0
	duct: sialodochoplasty	30.0	7.0		Excision		
	• •				3043	Esophagectomy: resection	
Suture						of esophagus, transpleural	
2951	Closure of salivary fistula	40.0	8.0			or extrapleural 100.0	20.0
1 (l)	- 43				3044	Local excision, end-to-end	00 0
Manipula *2961	Dilation of salivary duct;					anastomosis 90.0	20.0
2901	ptyalectasis	2.0			Endoscop	Tr	
	pryareotablettiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	2.0			3051	Esophagoscopy, diagnostic 15.0	6.0
i	PHARYNX, ADENOIDS AND TON	SILS			3053	with insertion of radio-	0,0
Incision	·					active substance 15.0	6.0
2971	Drainage of retropharyngeal				3055	with biopsy 15.0	6.0
	abscess, internal approach	5 .0			3057	with foreign body removal. 20.0	
2972	in hospital	10.0	6.0		3061	with dilation, direct 15.0	
2977	Drainage of peritonsillar	2.0			3063	subsequent 10.0	6.0
2978	abscess	3.0 10.0	6.0	,	Donain		
*2982	in hospital	2.5	0.0	1	Repair 3071	Esophagoplasty: plastic	
2984	Excision of pharyngoesophageal	2.0			00/ L	repair or reconstruction of	
- ,	diverticulum, first stage	20.0	9.0			esophagus 100.0	22.0
2986	second stage	20.0	9.0		3072	Esophagogastrostomy	
2987	single stage	40.0	11.0			(cardioplasty) 60.0	15.0
2989	Excision branchial cleft cyst				3073	Esophagoduodenostomy 60.0	
	or vestige, confined to skin				3074	Esophagojejunostomy 100.0	24.0
9000	and subcutaneous tissues	15.0	6.0		3075	Esophagostomy; fistulization	
2990	extending beneath sub-	# # # # #### 0*	*		2077	of esophagus, external 40.0	11.0
2992	cutaneous tissues	JU, U.	12.0		3076	Esophagomyotomy (Heller) 70.0	15.0
4774	out adenoidectomy, any age	15:0	5.0		Suture		
2996	Adenoidectomy (independent	10.0	U• U		3081	Suture of esophageal wound,	
-,,,	procedure)	10.0	5.0			injury or rupture, cervical	
						approach 40.0	11.0
				17			

			Anes.	W 4-4	INTESTINES (EXCEPT RECTUM)	A
3083	intrathoracic	70.0	20.0	Incision		Anes.
3086	Closure of esophagostomy or			3161	Enterotomy with exploration	
	other external esophageal				or foreign body removal,	0.0
	fistula, cervical	40.0	11.0	9149	small bowel 50.0	9.0 9.0
3087	thoracic	70.0	20.0	3162	large bowel 60.0	7. 0
				3166	Exteriorization of intestine,	
Manipula					preliminary to resection;	
3091	Dilatation of esophagus by				first stage Mikulicz, resection of intestine 50.0	9.0
	sound, bougie or bag, initial,				tion of intestine	7. 0
0000	direct (see 3061).	E 0		Excision		
3092	initial, indirect			3171	Excision of one or more	
3095	subsequent	2.0		31/1	intestinal lesions not requir-	
	CTCA AA CII				ing anastomosis, exterioriza-	
T1-1	STOMACH				tion or fistulization 60.0	11.0
Incision				3174	Enterectomy: resection of	11.0
3101	Gastrotomy with exploration	40.0	9.0	01/1	small intestine with	
2105	or foreign body removal	40.0	7. 0		anastomosis	11.0
3105	Pyloromyotomy: cutting of			3176	with enterostomy 60.0	11.0
	pyloric muscle (Fredet- Ramstedt operation)	50.0	9.0	3178	Colectomy: resection of	11.0
	Namsted Operation,	30.0	7.0	0170	large intestine, one or two	
Excision					stages, including colostomy	
3111	Biopsy of stomach, with				and closure, if necessary 80.0	T
2111	laparotomy	50.0	9.0	3179	Colectomy, partial, with	
3112	Local excision of stomach	50.0	7.0	01//	anastomosis and with or	
3112	ulcer or benign neoplasm	50.0	10.0		without proximal colostomy. 80.0	16.0
3114	Total gastrectomy	100.0	17.0	3180	total, with or without	
3115	Subtotal gastrectomy		14.0	0200	ileostomy or anastomosis. 100.0	19.0
3113	Subtotal gastreetomy	, 0. 0	11.0	3191	Enteroenterostomy:	
Endosco	py (independent procedure)				anastomosis of intestines 50.0	10.0
3121	Gastroscopy, diagnostic	15.0			•	
3123	with biopsy			ENTERO	STOMY - External fistulization	
0120	Widi Diopoy			of intesti		
Suture				3193	small (ileostomy or	
3131	Pyloroplasty	50.0	10.0		jejunostomy) 50.0	10.0
3133	Gastroduodenostomy		10.0	3195	large (colostomy) 50.0	10.0
3135	Gastrojejunostomy		10.0	3197	small or large, for	
3136	with partial vagectomy;				ulcerative colitis 75.0	12.0
0200	vagotomy	70.0	12.0	3200	Reduction of volvulus,	
3137	Gastrostomy for feeding	40.0	7.0		intussusception, internal	
3141	Gastrorrhaphy: suture of per-				hernia (by laparotomy) 50.0	10.0
V	forated gastric ulcer, wound			3203	Revision of colostomy, office 10.0	
	or injury	50.0	9.0	3204	hospital 20.0	7.0
3144	Closure or taking down of			3205	Cecopexy: fixation of colon	
	gastroduodenal anastomosis				to abdominal wall 50.0	8,0
	(gastroduodenostomy)	60.0	12.0			
3146	Closure or taking down of			Destructi		
	gastrojejunal anastomosis			3211	Enterolysis: freeing of	
	(gastrojejunostomy)	60.0	12.0		intestinal adhesion 50:0	10. 0
3153	Closure of gastrostomy	.40.b	8.0			
		• • •				
		• •				

Suture		Surg.	Anes.			Surg.	Anes.
3221	Suture of intestine (enter- orrhaphy), large or small,			3316 3317	subsequent with removal of multiple	5.0	T
	for perforated ulcer, wound, injury or rupture	50.0	11.0	3319	papillomas or polyps Sigmoidoscopic control of	9.0	Т
3222	Suture of intestine with colostomy		12.0		hemorrhage	7.5	Т
3225	Closure of enterostomy, large or small intestine		8.0	Repair 3321	Description marriage for		
	-				Proctoplasty, perineal, for stricture or prolapse	35.0	7.0
	L'S DIVERTICULUM AND THE N	MESEN	TERY	*3322	Perirectal injection of sclerosing solution for		
Excision 3231	n Excision of Meckel's diver-			3325	prolapse	2.5	
3235	ticulum (diverticulectomy) Excision of lesion of	40.0	7.0		prolapse	50.0	10.0
	mesentery	50 . 0	9.0	Suture 3331	Closumo of montovostoni		
Suture					Closure of rectovesical fistula	50.0	13.0
3241	Suture of mesentery	40.0	8.0	3333	Closure of rectourethral fistula	50.0	13.0
Incidion	APPENDIX			3335	Closure of rectovaginal		
Incision 3251	Incision and drainage of				fistula	50.0	13.0
	appendical abscess	30.0	7.0	Manipulat *3341	tion (independent procedure) Reduction of prolapse of		
Excision 3261	n Appendectomy	35.0	7.0		rectum	2.0	
0201	iippoimootoiii,	50,0	7.0		A NILIC		
	D E COURT I				ANUS		
Incision	RECTUM			Incision 3353			
Incision *3283	Incision and drainage, peri-	2.0		3353	Fistulotomy or fistulectomy, simple	20.0	6.0
		2.0			Fistulotomy or fistulectomy, simple	20.0 37.5 10.0	6.0 7.0 6.0
*3283 Excision	Incision and drainage, perirectal abscess, office	2.0		3353 3354	Fistulotomy or fistulectomy, simple	37.5	7.0
*3283	Incision and drainage, perirectal abscess, office	2.0		3353 3354 3355	Fistulotomy or fistulectomy, simple	37.5	7.0
*3283 Excision 3291	Incision and drainage, perirectal abscess, office		17.0	3353 3354 3355	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0	7. 0 6. 0
*3283 Excision 3291 3292	Incision and drainage, perirectal abscess, office	100.0 100.0	17.0	3353 3354 3355 3358 *3364	Fistulotomy or fistulectomy, simple	37.5 10.0	7. 0 6. 0
*3283 Excision 3291 3292 3294	Incision and drainage, perirectal abscess, office Complete proctectomy, combines abdominoperineal, one or two stages	100.0 100.0		3353 3354 3355 3358 *3364 Excision	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0	7. 0 6. 0
*3283 Excision 3291 3292 3294 3296	Incision and drainage, perirectal abscess, office	100.0 100.0 40.0	17.0	3353 3354 3355 3358 *3364 Excision 3371	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0	7. 0 6. 0
*3283 Excision 3291 3292 3294 3296 3297	Incision and drainage, perirectal abscess, office	100.0 100.0 40.0	17.0 8.0	3353 3354 3355 3358 *3364 Excision	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0 5.0	7. 0 6. 0 7. 0
*3283 Excision 3291 3292 3294 3296	Incision and drainage, perirectal abscess, office	100.0 100.0 40.0 35.0	17.0 8.0 8.0	3353 3354 3355 3358 *3364 Excision 3371	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0 5.0	7. 0 6. 0 7. 0
*3283 Excision 3291 3292 3294 3296 3297 3298	Incision and drainage, perirectal abscess, office Complete proctectomy, combines abdominoperineal, one or two stages	100.0 100.0 40.0 35.0 35.0	17. 0 8. 0 8. 0 7. 0	3353 3354 3355 3358 *3364 Excision 3371	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0 5.0	7. 0 6. 0 7. 0
*3283 Excision 3291 3292 3294 3296 3297 3298	Incision and drainage, perirectal abscess, office Complete proctectomy, combines abdominoperineal, one or two stages	100.0 100.0 40.0 35.0 35.0	17. 0 8. 0 8. 0 7. 0	3353 3354 3355 3358 *3364 Excision 3371 3373	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0 5.0 15.0	7. 0 6. 0 7. 0
*3283 Excision 3291 3292 3294 3296 3297 3298 Endosco 3311	Incision and drainage, perirectal abscess, office Complete proctectomy, combines abdominoperineal, one or two stages Complete proctectomy for congenital megacolon	100.0 100.0 40.0 35.0 35.0 40.0	17. 0 8. 0 8. 0 7. 0	3353 3354 3355 3358 *3364 Excision 3371 3373	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0 5.0 15.0 5.0	7.0 6.0 7.0 6.0
*3283 Excision 3291 3292 3294 3296 3297 3298 Endosco	Incision and drainage, perirectal abscess, office Complete proctectomy, combines abdominoperineal, one or two stages	100.0 100.0 40.0 35.0 35.0 40.0	17.0 8.0 8.0 7.0	3353 3354 3355 3358 *3364 *xcision 3371 3373 3374	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0 5.0 15.0 5.0 5.0	7.0 6.0 7.0 6.0 T
*3283 Excision 3291 3292 3294 3296 3297 3298 Endosco 3311 3312 3313 3314	Incision and drainage, perirectal abscess, office Complete proctectomy, combines abdominoperineal, one or two stages Complete proctectomy for congenital megacolon Excision of rectal procidentia Division of stricture in rectum Valvotomy Perineal excision of recurrent malignant tumor py (independent procedure) Proctosigmoidoscopy, diagnostic, initial subsequent with biopsy, initial subsequent	100.0 100.0 40.0 35.0 35.0 40.0	17.0 8.0 8.0 7.0	3353 3354 3355 3358 *3364 Excision 3371 3373	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0 5.0 15.0 5.0 25.0	7.0 6.0 7.0 6.0 T
*3283 Excision 3291 3292 3294 3296 3297 3298 Endosco 3311 3312 3313	Incision and drainage, perirectal abscess, office Complete proctectomy, combines abdominoperineal, one or two stages Complete proctectomy for congenital megacolon Excision of rectal procidentia Division of stricture in rectum Valvotomy Perineal excision of recurrent malignant tumor py (independent procedure) Proctosigmoidoscopy, diagnostic, initial subsequent with biopsy, initial subsequent with removal of papillomas	100. 0 100. 0 40. 0 35. 0 35. 0 40. 0	17. 0 8. 0 8. 0 7. 0 T	3353 3354 3355 3358 *3364 *3364 Excision 3371 3373 3374 3377 3380 3382	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0 5.0 15.0 5.0 25.0 30.0	7.0 6.0 7.0 6.0 T
*3283 Excision 3291 3292 3294 3296 3297 3298 Endosco 3311 3312 3313 3314	Incision and drainage, perirectal abscess, office Complete proctectomy, combines abdominoperineal, one or two stages Complete proctectomy for congenital megacolon Excision of rectal procidentia Division of stricture in rectum Valvotomy Perineal excision of recurrent malignant tumor py (independent procedure) Proctosigmoidoscopy, diagnostic, initial subsequent with biopsy, initial subsequent	100.0 100.0 40.0 35.0 35.0 40.0	17.0 8.0 8.0 7.0	3353 3354 3355 3358 *3364 *3364 Excision 3371 3373 3374 3377	Fistulotomy or fistulectomy, simple	37.5 10.0 30.0 5.0 15.0 5.0 25.0 30.0	7.0 6.0 7.0 6.0 T

Form 785MGI

		Surg.	Anes.				Surg.	Anes.
*3392	Enucleation of external	Ü			3495	Choledochotomy or	٥	, ,-
	thrombotic hemorrhoid	3.0	T			choledochostomy with ex-		
3395	Excision of external		4 5			ploration, drainage or re-		
	hemorrhoidal tabs	5.0	4.0			moval of calculus, with or	(0.0	
Y					2500	without cholecystotomy	60.0	13.0
Introduc					3500	Duodenocholedochotomy: transduodenal choledocholi-		
*3401	Hemorrhoids, injection of sclerosing solution	1.5				thotomy	90.0	17.0
	scierosnig solution	1.0			3504	Cholecystotomy or chole-	90 . 0	17.0
Endosco	py (independent procedure)				0001	cystostomy with exploration,		
3411	Anoscopy, diagnostic	1.0				drainage or removal of calcu-		
3413	with biopsy	3.0				lus		10.0
3415	with removal of foreign body	3.0						
3416	subsequent	1.0			Excision			
3417	Control of hemorrhage -				3515	Cholecystectomy	55.0	10.0
	endoscopic	6. 0			3517	with open exploration of		
						common duct	65.0	12.0
Repair	A Y atom. Amiliant	25.0	۰ ۸			DANCERAC		
3421	Anoplasty, infant	25.0	8.0 7.0		Incision	PANCREAS		
3423 3425	adult	25.0	7.0		3541	Pancreatotomy for drainage		
3423	operation for incontinence	35.0	9.0		0041	of pancreatitis	60.0	11.0
3426	Thiersch procedure for incon-	55.0	9. 0		3544	Removal of calculus		12.0
0420	tinence and/or prolapse	20.0	7.0		0011	Tromovat of outputes 11111	00.0	141.0
3427	Construction of anus, for con-	20.0	7.0		Excision			
	genital absence	40.0	T		3550	Pancreatectomy - subtotal		
3428	combined abdominoperineal					(simple)	70.0	12.0
	approach	80.0	T		3551	subtotal (Whipple type)		17.0
					3552	total	80.0	13.0
Destruc								
3433	Condyloma, single or multiple,				Repair			
0.40.4	internal	7.5	4.0		3565	Marsupialization of cyst of	(0.0	
3434	subsequent	2.5	T			pancreas	60.0	12.0
	LIVER				A BED	OMEN, PERITONEUM AND OM	ENTI	N.T
Incision			,		אטטי	SMEN, TERRITOREON ARE ON		. 41
*3456	Aspiration biopsy of liver	3.0			Incision			
	Targana markay or an area	-••			3571	Exploratory laparotomy:		
Excision	1					exploratory celiotomy	35 . 0	7.0
3464	Hepatectomy, partial: resec-				3573	Drainage of peritoneal		
	tion of liver	70.0	17.0			abscess or localized		
						peritonitis exclusive of		
Repair						appendical abscess	40.0	7.0
3471	Marsupialization of cyst or				3575	Subdiaphragmatic or sub-		
	abscess of liver	60.0	12.0			phrenic abscess, one or two	50 0	10.0
Suture					3578	Stages	50.0 40.0	10.0 9.0
3481	Hepatorrhaphy: suture of liver				3588	Retroperitoneal abscess Peritoneocentesis: abdominal	40.0	7. U
0401	wound or injury	50.0	12.0		0000	paracentesis, initial	4.0	
	TOURS OF INJURY **********			•	3590	subsequent	2.0	
	BILIARY TRACT				,0		-•0	
Incision					Endoscop	У		
3491	Hepaticotomy, with exploration,			_	3595	Peritoneoscopy	15.0	
	drainage (hepaticostomy) or re-							
	moval of calculus	60.0	12.0					
Form 7	SSMCT			-20-				
rorm (NING T			-20=				

Introduc		Surg.	Anes.		URINARY SYSTEM	
3611	Pneumoperitoneum: intra- peritoneal injection of air,				KIDNEY	
	initial	3.0		Incision		. Anes.
3612	subsequent	2.0		3802	Drainage of perirenal	
3614	Retroperitoneal insufflation of				abscess (independent pro-	
	air	4.0		0004	cedure)	7.0
n . t . t				3806	Exploration with or without	
Repair	latarel harris is present and are			2000	nephrotomy	
	lateral hernia is present on day			3808 3811	Nephrostomy with drainage . 60.0	10.0
	cal repair or when one is con- potential for surgical repair,			3011	Nephrolithotomy, removal of calculus 70.6	11 0
	ement of surgical repair of			3813	calculus 70.6 Division or transection of	11.0
	ion potential hernia or hernia			0010	aberrant renal vessels (inde-	
	ree months will be considered				pendent procedure) 60.6	11.0
	ral procedure for this schedule			3815	Pyelotomy with exploration. 65.0	
	rformed on the same day as one			3816	Pyelostomy with drainage 60.0	
	rhaphy was performed.			3817	Pyelolithotomy 65.0	
HERNIC	PLASTY: HERNIORRHAPHY:			Excision		
HERNIC	TOMY			*3820	Renal biopsy (by trochar or	
3631	Inguinal, unilateral	30 . 0	6.0	_	needle))
3632	with appendectomy	40.0	8.0	3821	Nephrectomy 70.0	
3633	with orchiectomy	30.0	7.0	3822	plus total ureterectomy 100.0	
3634	with excision of hydrocele	40.0	7.0	3824	partial 70.0	
3635	recurrent	40.0	8.0	3827	Excision of cyst of kidney 60.0	12.0
3638	Inguinal, bilateral	40.0	8.0	3829	Aspiration or injections of	
3640	with appendectomy	50.0	10.0		renal cyst or renal pelvis 10.0)
3641	with orchiectomy	45.0	9.0	T., 4.,	A. I	
3642	with excision of hydrocele	50.0	10.0	Introduct 3830		
3643 3646	recurrent	50.0 30.0	10.0 6.0	3030	Perirenal insufflation, uni- lateral or bilateral 10.0	١
3647	Femoral, unilateral with appendectomy	40.0	8.0		lateral or bilateral 10.0	,
3651	recurrent	40.0	8.0	Repair	•	
3654	Femoral, bilateral	45.0	9.0	3831	Pyeloplasty: plastic operation	
3658	recurrent	50.0	10.0	3001	on renal pelvis with or with-	
3661	Ventral, incisional	40.0	8.0		out plastic operation on ureter 70.0	13.0
3662	recurrent	40.0	9.0	3835	Nephropexy: fixation or sus-	
3663	Epigastric	30.0	8.0		pension of movable kidney	
3664	recurrent	45.0	9.0		(independent procedure) 60.0	11.0
3665	Umbilical	30 . 0	6.0			
3667	Omphaloceleby 1		\mathbf{T}	Suture		
3709	Diaphragmatic	70.0	13.0	3841	Nephrorrhaphy: suture of	
						15.0
Suture				3845	Closure of nephrostomy,	
3734	Secondary suture of abdominal				pyelostomy or other renal	
	wall for evisceration or disrup-		7 0		fistula (e.g.: renal colic fis-	
2725	Cuture of mustured disphragm	20.0	7.0	2016	tula) 80.(13.0
3735	Suture of ruptured diaphragm.	60.0	13.0	3846	Symphysiotomy for horse- shoe kidney 100.0	170
			• :. :) 	Blioc Ridley 100.1	17.0
			• • • • •			
			:			

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		Surg.	Anes.	Excision	Sur	~ Amaa
3847	Renal sympathectomy (inde-	_		3911	Cystectomy, partial 60	g. Anes.
	pendent procedure)	60.0 ₇	11.0	3913	complete100	0 19.0
				3918	Transurethral electrore-	,
Incision	URETER				section of vesical neck,	
3851	-			2000	female 40	0 7.0
0001	Ureterotomy with exploration or drainage (independent pro-			3920	Excision of bladder diver-	
	cedure)	60.0	10.0		ticulum (independent pro-	
3857	Ureterolithotomy	60.0	10.0	3922	cedure)	0 12.0
	ordered and ordere	00.0	10.0	3722	Excision of bladder tumor	0 10 0
Excisio	n .			3924	(see 3901)	0 10.0
3861	Ureterectomy, complete or				bladder tumors 50,	0 10.0
	partial (independent procedure)	70.0	13.0		50,	0 10.0
3867	Suprapubic excision (inde-			Endoscop	y (independent procedure)	
	pendent procedure)	50.0	9.0	3931	Cystoscopy, diagnostic,	
D 1					initial 5.	0 5.0
Repair	Transferrance and the second second			3932	subsequent	
3871	Ureteroplasty: plastic opera-	=0.0		3933	with biopsy, initial 8.	0 5.0
3874	tion on ureter (stricture)	70.0	13.0	3934	subsequent 5.	0 5.0
30/4	Ureteropyelostomy: anasto- mosis of ureter and renal			3935	with ureteral catheteriza-	
	pelvis	70 0	13.0	20.26	tion, initial 10.	
3876	Ureterocystostomy: anasto-	70.0	13.0	3936 3937	subsequent5.	0 5.0
	mosis of ureter to bladder:			3737	for stone removal, manipu-	0 (0
	unilateral	60.0	12.0	3938	lation, initial 20.	0 6.0
3877	bilateral		15.0	3939	subsequent	
3880	Ureteroenterostomy:			3940	Cystoscopy with fulguration,	0 6.0
	anastomosis of ureter to				minor lesion of bladder 8.	0 5.0
	intestine, unilateral	70.0	13.0	3941	Cystoscopy with fulguration	0 5.0
3881	bilateral	100.0	18.0		of bladder tumor, initial 25.	0 7.0
3884	Ureterostomy: transplanta-			3942	subsequent 15.	0 7.0
	tion of ureter to skin, uni-			3943	Cystoscopy with insertion of	
3885	lateral		11.0		radioactive substance with or	
3000	bilateral	80.0	13.0		without biopsy or fulguration,	
Suture				2014	initial 30.	0 7.0
3891	Ureterorrhaphy: suture of			3944	subsequent 20.	0 7.0
0071	ureter (independent proce-			3945	Resection or fulguration of	
	dure)	70. 0	11.0	3947	ureterocele 20.	0 7.0
3895	Closure of fistula of ureter	80.0	13.0		Cystoscopic removal of foreign body 20.	0 (0
			200		Totelgh body	0 6.0
	BLADDER			Destruction	on	
Incision					Litholapaxy: crushing of	
3900	Puncture aspiration of bladder				calculus in bladder and re-	
0001	by needle	5.0			moval of fragments 40.	7,0
3901	Cystotomy with exploration or			•		
3902	fulguration		10.0	Suture		
3902	Puncture aspiration by trochar.	5.0	7 0-		Cystorrhaphy: suture of	
3907	Cystostomy with drainage	40.0	8,0		bladder wound, injury or	
3908	Drainage of perivesical or	UNIV. CLA	• 03 UE	3965	rupture 50.0	12.0
	prevesical space abscess	50.11	10.0		Closure of vesicovaginal,	
•	E CONTRACTOR CONTRACTO	-0.0	20.0		vesicouterine, or vesicorectal fistula 50.0	120
						13.0

Incisi	URETHRA				Surg. And	94
3971	Urethrotomy, external (inde-	_	Anes.	*4033	subsequent 1.0	, o.
2072	pendent procedure) anterior	10.0	4.0			
3973 3975		25.0	4.0		MALE GENITAL SYSTEM	
3973	fistulization (independent pro-					
	cedure)	25.0	5.0	Incision	PENIS	
3977	Meatotomy: cutting of meatus			*4101	Dorsal or lateral "slit" of	
3978	(independent procedure) Drainage of periurethral	3.0	Т		prepuce (independent proce-	
	abscess	5.0	4.0		dure) 3.0	
00=0	(See Integumentary System)			Excision	1	
3979	Drainage of perineal urinary			*4111	Biopsy of penis 2.0	
	extravasation (independent			4114	Amputation of penis, partial . 40.0 8	T
	procedure)	25.0	5.0	4115		.0
Excisi	on			4116	radical 100.0 17	
3981	Excision of urethral caruncle			4120	Local excision of lesion of	, 0
	or fulguration	7.0	4.0	4100	penis 5.0	
3991	Excision of diverticulum of	,,,	4.0	4122	Circumcision, newborn	
	urethra (independent proce-			4123	(within 14 days) 3.0	
0004	dure)	40.0	7.0	4125	under age 10 5.0 4.	0
3994	Excision or fulguration of			4127	age 1) or over	0
	urethral polyps	5.0	4.0		warts 5.0 4.	0
Endosc				Repair		
4000	Urethroscopy, diagnostic	5.0		4131	Plastic operation	
4001	with removal of calculus or			1104	Plastic operation on penis for hypospadias, straightening of	
4004	foreign body	20.0	4.0		chardes	2%
4004 4006	with fulguration of posterior	20.0	4.0	4132	Urethroplasty for hypospadias (see 0260 to 0325).	U
4008	urethra	10.0	4.0	4134	Plastic operation on penis for	
4000	subsequent	3.0	\mathbf{T}		injury 50.0 10.	Λ
Repair				4135	for epispadias 100.0 16.	
4011	Urethroplasty: plastic opera-			4138	for urinary extravasation. 30.0 6.	
	tion on urethra	30 0	7.0			~
4019	Diversion of perineal urinary	UU. U	7.0	Tree inte	TESTIS	
	extravasation with diversion of			Excision 4141	Dionar (Andrea 1	
	Tanadan a same makes a men	50.0	10.0	4141	Biopsy (independent proce-	
Cutarin			-, -	4144	Orchiectomy, simple, uni-	0
Suture 4021	I I made and 1				latovol	^
4021	Urethrorrhaphy: suture of			4146	radical, unilateral or	J
4023	urethral wound or injury 5 Closure of urethrostomy or	60.0	10.0		bilateral, with retroperi-	
	fistula of urethra (independent				toneal gland dissection 100.0 18.0)
		tn n	0.0	n		-
4025	Closure of urethrovaginal	0.0	8.0	Repair	D 1	
	fictulo	0.0	P. 0 .	4152	Reduction of torsion of testis	
				4156	by surgical means 30.0 6.0)
Manipul:		: :	* **		Orchiopexy, with attachment	
*4031	Dilation of urethral stricture		•	4157	of testis to thigh (Torek) 50.0 10.0 with detachment of testis)
	by passage of sound, initial	3.0			from thigh, second stage	
					(Torek) 5.0	
Form 78	EMCT				, , , , , , , , , , , , , , , , , , ,	

		Surg.	Anes.			SPERMATIC CORD	
4158	one or more stages, with				Excision		Anes.
	hernia repair	40.0	8.0		4271	Excision of hydrocele of	
						spermatic cord (independent	
	EPIDIDYMIS					procedure), unilateral 30.0	5.0
Incision					4272	bilateral 40.0	7.0
4161	Drainage of abscess of	5.0	4.0		4275	Excision of varicocele (inde-	EΛ
	epididymis	3.0	7.0		4278	pendent procedure), unilateral 30.0	5.0 7.0
Excision	•				42/0	with hernia repair 40.0	7.0
4171	Biopsy of epididymis	10.0	4.0			SEMINAL VESICLES	
4174	Excision of spermatocele				Excision		
1474	without epididymectomy	10.0	4.0		4291	Vesiculectomy 80.0	14.0
4176	Epididymectomy, unilateral	30.0	6.0			,	
4177	bilateral		7.0			PROSTATE	
					Incision		
Repair					4301	Prostatotomy: external	
	movasostomy (anastomosis of					drainage of prostatic abscess 30.0	7.0
	nis to vas deferens)	40.0			4304	Prostatolithotomy: removal	
4181	unilateral		8.0			of prostatic calculus (inde-	
4182	bilateral	50.0	10.0			pendent procedure) 70.0	11.0
	PERINTED A STACTATAL TO				*4305	Prostate - needle biopsy 2.0	
Inclaion	TUNICA VAGINALIS				Deside		
Incision *4191	Puncture aspiration of hydrocele	2.0			Excision 4311	Prostatostomy paringal	
*4192	subsequent				4311	Prostatectomy, perineal, subtotal	12.0
4201	Excision of hydrocele, uni-	1.0			4313	perineal, radical 100.0	16.0
1201	lateral	20.0	5.0		4316	suprapubic, one or two	10.0
4202	with hernia repair (see				4010	stages 70.0	11.0
	Hernioplasty)				4318	retropubic 70.0	13.0
	• ••					1	
	SCROTUM				Endoscop	у	
Incision					4321	Transurethral electrore-	
4211	Drainage of scrotal abscess	10.0	4.0			section of prostate, includ-	
4215	Removal of foreign body in					ing control of postoperative	
	scrotum	20.0	4.0			bleeding, complete 70.0	13.0
	TILD DEFINE END				4323	partial, initial 40.0	9.0
Incision	VAS DEFERENS				4324	partial, subsequent 30.0	7.0
4231	Vasotomy: division or tran-						
1201	section of vas (independent					FEMALE GENITAL SYSTEM	
	procedure)	10.0	4.0			I DIMINI ODIVITIE DIDI DA	
	F					VULVA	
Excision	n				Incision		
4241	Vasectomy, complete or				4401	Episiotomy, nonobstetrical 7.0	
	partial (independent proce-				*4403	Incision and drainage of	
	dure)	10.0	4.0			abscess of vulva 2.0	Т
					*4405	Incision and drainage of	
Repair						Bartholin's gland abscess,	AL.
4251	Vasovasostomy, unilateral	20.0.		•	4411	unilateral 2.0	Т
4252	bilateral	25.0	T.	• •	4411	Hymenotomy: incision of hymen 5.0	4.0
Suture			••• •	•		hymen 5.0	₹. 0
4261	Ligation of vas (independent				Excision		
	procedure)	5.0	4.0		*4421	Biopsy of vulva 2.0	T
	•					. ,	
Form '	785MGI			-24-			

		_				
4423	Vulstoatomy	Surg.	Anes.	1106	Surg	Anes.
4424	Vulvectomy, complete partial	40.0	8.0	4486	Colpoperineoplasty, posterior	
4425	radical, including regional	30.0	7.0		vaginal wall; repair of	
	lymph nodes	80 O	16.0		rectocele and perineoplasty;	
4427	Local excision of lesion of	00.0	10.0	4488	pelvic floor repair 25.0	7.0
	external female genital organ			4100	Repair of cystocele, recto- cele, and perineoplasty,	
	(see 0178 to 0190, 0260 to				anterior and posterior	
	0325).				vaginal walls 40.0	9.0
4428	Clitoridotomy: circumcision,			4491	with repair of urethrocele . 40.0	10.0
	female	7.5	4.0	4493	Repair of enterocele, with	10.0
4431	Hymenectomy: excision of				or without associated re-	
4420	hymen	7.5	4.0		lated procedures, abdominal	
4433	Excision of cautery destruc-				approach 40.0	10.0
	tion of Bartholin's gland or			4494	vaginal approach 40.0	9.0
4436	Cyst	12.0	5.0	4495	Colpopexy 40.0	8.0
4400	Excision or fulguration of	E 0	4.0	4497	Reconstruction of congenital	
	Skene's glands	5.0	4.0		deformities of the vagina,	
Repair					including vaginal atresia and	
4443	Plastic operation on urethral				septate vagina 40.0	10.0
	sphincter, female (Kelly,			Suture		
	Kennedy)	20.0	5.0	4501	Colnorrhanhus guturo of	
4447	Repair of urethrocele, female		0,0	4001	Colporrhaphy: suture of recent injury of vagina (non-	
	(independent procedure)	20.0	5.0		obstetrical) 10.0	Т
				4505	Colpoperineorrhaphy: suture	1
Suture	•				of recent injury of vagina	
4451	Episiorrhaphy: suture of				and perineim (nonobstetrical) 10.0	Т
	recent injury of vulva	5.0	4.0	4506	Closure of vaginal fistulae	-
	77. C.				(see Ureter, Bladder, Rec-	
Incision	VAGINA				tum) by report	T
4461						
1201	Colpotomy with exploration or drainage of pelvic abscess	10 0	4.0	Manipula		
*4463	Puncture and aspiration of	10.0	4.0	*4511	Dilation of vagina (under	
	Douglas' cul de sac	3.0			anesthesia) 3.0	T
		0.0		Endoscop	77	
Excision	1			4521	Culdoscopy (independent	
*4471	Biopsy of vagina (independent				procedure) 7.5	
	procedure)	3.0	T		<u> </u>	
4473	Colpectomy or colpocleisis,				OVIDUCT	
	complete; complete obliteration			Incision		
4474	of vagina	25.0	7.0	4531 ·	Transection of fallopian tube,	
4474 4476	partial (La Forte)	25.0	7.0		unilateral or bilateral (inde-	
4478	Excision of vaginal cyst	10.0	4.0		pendent procedure), abdom-	
44/0	Excision of vaginal septum	10.0	4.0	4500	inal approach 40.0	7.0
Repair				4532	vaginal approach 40.0	7.0
4481	Colpoplasty, anterior vaginal			Essadadan		
	wall; repair of cystocele.			Excision 4541	Calminusctanus	
	(independent procedure)	ະດີ ຄື	2.0	ユウボア	Salpingectomy, complete or	
4482	with repair of wrethrecele	30. 0"	2.0		partial, unilateral or bi- lateral (independent proce-	
4484	posterior vaginal wall;	•			dure) 40.0	0 A
	repair of rectocele (inde-				,	8. 0
	pendent procedure) 2	25.0	6.0			
Form 5	OEMOT					
Form 7	ODMGT		- 25-			

plete or particular bilateral (in cedure) 4551 Salpingoplas unilateral or pendent process. Suture 4561 Ligation of funilateral or pendent process. Incision 4571 Drainage of abscess, un lateral (inde	phorectomy, com-	Surg.	A				
plete or par bilateral (in cedure) 4551 Salpingoplas unilateral or pendent proc Suture 4561 Ligation of i unilateral or pendent proc Incision 4571 Drainage of abscess, un lateral (inde			Anes.	4.600		Surg.	Anes.
bilateral (in cedure) 4551 Salpingoplas unilateral or pendent process. Suture 4561 Ligation of funilateral or pendent process. Incision 4571 Drainage of abscess, un lateral (inde	tial unilateralor			4632 4634	Removal of cervical stump	50.0	8.0
cedure) 4551 Salpingoplas unilateral or pendent proc Suture 4561 Ligation of funilateral or pendent proc Incision 4571 Drainage of abscess, un lateral (inde	dependent pro-			*004	Trachelectomy: cervicec- tomy: amputation of cervix		
unilateral or pendent production Suture 4561 Ligation of a unilateral or pendent production Incision 4571 Drainage of abscess, un lateral (inde		40.0	9.0		(independent procedure)	15.0	5.0
Suture 4561 Ligation of invalidation of the sumilatorial of pendent production Incision 4571 Drainage of abscess, unlateral (index	ty for sterility,			4637	Partial excision of cervix	15.0	5.0
Suture 4561 Ligation of it unilateral or pendent production Incision 4571 Drainage of abscess, un lateral (inde	r bilateral (inde-	40.0	(77)	*4641	Local excision of lesion of		
4561 Ligation of invariant unilateral or pendent production Incision 4571 Drainage of abscess, un lateral (inde	edure)	40.0	T		cervix (cauterization or		_
unilateral or pendent production Incision 4571 Drainage of abscess, un lateral (inde				4644	conization)	2.0	T
Incision 4571 Drainage of abscess, un lateral (inde	allopian tube,			1011	cervix in conjunction with		
Incision 4571 Drainage of abscess, un lateral (inde	r bilateral (inde-				dilation and curettage	10.0	4.0
4571 Drainage of abscess, un lateral (inde	cedure)	40.0	7.0	4646	Dilation and curettage of		
4571 Drainage of abscess, un lateral (inde	OVARY				uterus (independent proce-		
abscess, un lateral (inde	OVARI				dure), under general anesthesia	10.0	4.0
lateral (inde	ovarian cyst or			4647	for removal of uterine	10.0	4.0
	ilateral or bi-				polyps	10.0	4.0
	pendent proce-						
dare)	• • • • • • • • • • • • •	30.0	7.0	Introduc			
Excision	;			4671	Insertion of radioactive sub-		
	ovarian cyst, uni-				stance into cervix, uterus or both, with or without biopsy		
	lateral (inde-				or dilation and curettage	20.0	4.0
	edure)	40.0	8.0	4676	Injection of radiopaque con-		
	ny, unilateral or				trast media	3.0	
	dependent pro-	40 O	9.0	Donois			
	· · · · · · · · · · · · · · · · · · ·		8.0	Repair			
	ty, unilateral or	-0.0	•••	HYSTER	ROPEXY -		
	dependent pro-			4681	with ventrosuspension:		
cedure)		40.0	9.0		ventrofixation	40.0	9.0
LITERUS	AND CERVIX UTER	T C		4683	with presacral sympathec-		
Excision	IND OLKVIN OTEI				tomy with or without other surgery	40 O	10.0
*4611 Biopsy of cer				4685	with interposition opera-	10.0	10.0
	lependent proce-				tion (Watkins, Kennedy),		
dure)	• • • • • • • • • • • • • • • • • • • •	2.0	Т		with or without pelvic		
HYSTERECTOMY -				4687	floor repair	40.0	10.0
4614 Hysteromyor	nectomv:			4007	with shortening of round ligaments	40 O	9.0
myomectomy	; excision of			4690	with shortening of en-	40.0	9. U
fibroid tumo	of uterus	50.0	9.0		dopelvic fascia: para-		
4617 Panhysterect					metrial fixation (Man-		
hysterectomy	(corpus and	60.0	11 0		chester) with or without	10.0	
4621 Supracervica	l hysterectomy:	00 0	11.0	4692	pelvic floor repair with shortening of sac-	40.0	10.0
	erectomy	50.0	9, 0	4072	routerine ligaments	40.0	9.0
4624 Fundectomy,	uterine: excision			4694	Hysterosalpingostomy:	20.0	7.0
		50, 0	9.0		anastomosis of tubes to		
4627 Radical hyste		4 1 4		•	uterus	40.0	10.0
4631 Vaginal hyste	erectomy for	\$ 0° 0°	715 0 * **	1404		10.0	
	heim)	80.0	115.0	4696	Tracheloplasty: plastic	10.0	
	erectomy for heim) rectomy, with or c floor repair.	• •	11.0	4696			5. 0

Form, 785MGI

Suture	Oni 5*	Anes.		Sura	Anes.
4701	Hysterorrhaphy: suture of		4917	subtotal or partial 50.0	
	ruptured uterus (non-		4924	total or subtotal, for malig-	10.0
4705	Obstetrical) 40.0	10.0		nancy with neck dissection, 80.0	17.0
4703	Trachelorrhaphy: suture of recent injury or laceration of		4937	Recurrent thyroidectomy of	
•	cervix (nonobstetrical) by report		10.11	thyroid remnant 80.0	12.0
	corvix (nonobstetrical) by report	\mathbf{T}	4941	Excision of thyroglossal	
Manipu	llation			duct, cyst or sinus 40.0	9.0
471 i	Dilation of cervix, instru-		DADAT	CUVDOID TURNING DITTURE	
	mental (independent proce-		AL	THYROID, THYMUS, PITUITARY, PIN DRENAL GLANDS AND CAROTID BOD	EAL,
	dure), in hospital	4.0	110	MOLINE GENINDS WIND CAROLID ROD	Y
*4712	in office 3.0		Excision		
*4713	subsequent, office or hospi-		4971	Parathyroidectomy or ex-	
	tal 1.0			ploration of parathyroid 60.0	11.0
	DED INTERIOR		4972	Mediastinal exploration 100.0	20.0
Incision	PERINEUM		4988	Adrenalectomy 70.0	18.0
4720	Perineotomy with exploration,		4993	Excision of carotid body	
	drainage of abscess, etc 3.0			tumor	18.0
	g. 01 and 00000				
Repair				MEDIOLIC GYOTERA	
4731	Perineoplasty: plastic repair			NERVOUS SYSTEM	
	of perineum (independent		STRI	JCTURES OVERLYING THE MENINGE	30
450.4	procedure) 10.0	6.0		BRAIN AND SPINAL CORD	, co,
4734	in conjunction with vaginal				
	operations (see Vagina,		Incision		
4735	repair, 4481 to 4494).		CRANIOT		
1700	Repair of perineum and third degree laceration of the rec-		5001	Trephination (or burr holes),	
	tum 30.0	9.0	E000	exploratory, unilateral 35.0	10.0
		7. 0	5008	Decompression, orbital, uni-	
Suture	•		5011	lateral or bilateral 100.0	15.0
4741	Perineorrhaphy: suture of		5015	subtemporal 60.0	12.0
	recent injury of perineum		5017	suboccipital 60.0 Osteoplastic crainotomy	13.0
	(nonobstetrical) by report	T		(other than operation for	
4745	Closure of perineal fistula 20.0	7.0		brain tumor)100.0	16.0
					10.0
	ENDOGRINE SAGREDA		Excision		
	ENDOCRINE SYSTEM		5021	Laminectomy 80.0	15.0
	THYROID GLAND		5025	Hemilaminectomy, lumbar 70.0	15.0
Incision	THINOE GEAND		5026	cervical 80.0	17.0
4904	Incision and drainage of		5027 5031	dorsal 80.0	15.0
	thyroglossal cyst (infected),		3031	Cranioplasty: plastic opera-	
	in hospital 10.0	4.0		tion on skull with bone graft or metal or plastic plate 80.0	177.0
		- " "		or metal or plastic plate 80.0	17.0
Excision			Repair		
4911	Local excision of small cyst			Repair of encephalocele 75.0	17.0
4914	or adenoma of thyroid 40.0	9.0.	• 5040	Repair of meningocele	2710
マンムせ	Thyroidectomy, total or com- plete	10.0	• •	(spina bifida) 70-0	17.0
	Arono a a a a a a a a a a a a a a a a a a	12.D	5043	Repair of meningomyelocele. 80.0	17.0
		-	*		

Form 785MGI

Incisi	MENINGES AND MENINGEAL VESSE		Exci	Dule	Anes.
5051	Drainage of subdural, epidural	g. Anes.	515 515	Excision of cortical scar 100.0 Excision of brain cyst,	20.0
5054	or subarachnoid space for abscess or hematoma, cranial. 90.			The state of the s	22.0
*5057	Spinal puncture: lumbar punc-	0 15.0	516	topectomy 100.0 Excision of choroid plexus 50.0	20.0 20.0
	ture (independent procedure), initial, diagnostic with		516		24.0
*5060	pressure readings		Repa		
*5062	Cisternal puncture (inde-		5183	catheter: Torkildsen-type	
5065	pendent procedure) 3. Drainage of lateral or sigmoid sinus for phlebitis or throm-	U	5185		18.0
	bosis 60.	0 16.0		(cyst, abscess) 90.0	20.0
Excisi	on			SPINAL CORD AND NERVE ROOTS	
5071	Excision of meningeal tumor,		Incis		
00,1	cyst or aneurysm100.	21.0	5207	7	
		21.0		division or transection of nerve tracts in cord (cervi-	
Introdu				cal-dorsal)100.0	17.0
5081	Pneumoencephalography		5211	Rhizotomy: division or	17.0
E004	(independent procedure) 15.0) T		transection of nerve roots 80.0	15.0
5084	Myelography (independent		5214	Decompression of spinal	
5085	procedure)	T		cord (by removal of hema-	
5087	Discogram) Т	***	toma, bone fragments) 80.0	18.0
	jection of dye (independent pro-		Excis 5221		
	cedure) with exposure of caro-		3221	The state of the s	20.0
	tid artery 25.0	7.0		cord (neoplasm, cyst)100.0	20.0
5091	without exposure of carotid			PERIPHERAL NERVES,	
	artery 15.0	T		CEREBRAL NERVES AND GANGLIA	
D 4			Incisi	on	
Repair 5101	Craft of dura		NEUR	ROTOMY: cutting, division or	
5105	Graft of dura 80.0 Marsupialization of lesion of	18.0		ection of nerve	
0100	meninges (cyst or abscess) 90.0	19.0	5240	0	
		19.0		transection of sensory root,	
	BRAIN			trigeminal nerve, transtem- poral100.0	17.0
Incision			5243	posterior fossa 100.0	17.0
5127 .	Drainage of brain abscess,		5245		19.0
5128	primary tapping 50.0 subsequent tapping in opera-	12.0	5250		17.0
5129	ting room	7.0	5252	nerve	17.0
5133	tal room or ward 10.0 Frontal lobotomy, bilateral by		5253	nerves (phrenicotomy) 15.0	
	craniotomy	18.0		Phrenemphraxis: crushing 15.0 Transection of spinal nerves . 40.0	0.0
5134	unilateral by cranictomy 40.0	15.0-	5256	Transection of occipital	9.0
5138	Tractotomy (medulla,	* : :	* *:	nerve 40.0	9.0
5142	mesencephalon)		5258	Transection of vagus nerve;	
5142	Ventricular tap	7.0		vagotomy; vagectomy	
9210	variation tap, unitational, 35.0	7.0		(abdominal) 45.0	9.0
Form	785MGI		-28-		

	Su	rø.	Anes.			Sur	. Anes.
5265	Transection of eighth cranial .	~0.			5321	recent injury or transplant. 30.	
	nerve (Meniere's syndrome) , , 100	. 0	17.0		5322	lysis or freeing from scar	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					of intact nerve 20.	т с
Excision	on				5340	Digital nerve, within digit -	•
5270	Excision of peripheral					suture, lysis or free from	
		. 0	4.0			scar (each additional, add	
5271	other superficial 10	. 0	4.0			25%)) T
5272		.0	7.0		5343	Sensory nerves, hand or foot	
5273	Phrenicectomy: resection of					(excluding digits) - suture,	
	nerve 15	.0	6.0			lysis or freeing from scar,	
5277	Neurexeresis: avulsion of in-					or transfer (each additional,	
		.0	6.0			add 25%) 20.0	T (
5278	Obturator neurectomy, uni-				5344	Motor branch, median or	
	lateral 30	.0	7.0			ulnar nerve, new or old	
5279	bilateral	.0	9.0			injury 30.0	T
5281	Phrenicoexeresis: avulsion of				5350	Neuroanastomosis of spinal	
	phrenic nerve	.0	7.0			accessory-facial, hypo-	
5282	Stoefel's neurectomy, uni-					glossal-facial, spinal ac-	
		.0	8.0			cessory-hypoglossal or	
5283	bilateral	. 0	10.0			others unspecified 75.0) T
T. A 1							
Introdu					T	VEGETATIVE NERVOUS SYSTEM	
*5290	Injection of alcohol (intra-				Excision	4	
	spinal, paravertebral or	Δ			Sympathe		
*5291		.0			5371	Cervical, unilateral 60.0	
*5294		.0			5372	bilateral. 80.0	
3274	Injection of alcohol (second and third divisions for				5375 5376	Cervicothoracic, unilateral . 60.	
		. 5			5376 5381	bilateral 90.0	
	digentual neuralgia), initiat .				5382	Lumbar, unilateral 50.0	
Nerve E	Block				5385	bilateral 75.(
5298	Paravertebral block, lumbar				5386	Splanchnicectomy, unilateral. 60.0 bilateral 90.0	
02,0		. 0	5.0		5390	Presacral neurectomy,	10.0
5300		.0	5.0		3370	hypogastric plexus, 50.0	10.0
5302		.0	5, 0			hypogastric pickus,	10.0
5311		Ö	5.0				
5312		5	2.5			EYE	
5313	Lumbar, sacral and coccygeal					2.2	
		0	5.0			EYEBALL	
5314		0	5.0		Incision	and a sorter a and and	
5315		0	5.0		5401	Goniotomy, primary 30.6	7.0
5316	Ilioinguinal and iliohypogastric				5402	secondary	
·		0	5.0			, , , , , , , , , , , , , , , , , , , ,	
5317		0	3.0		Excision		
5318	Phrenic nerve 2.	. 5	2.5		5411	Enucleation of eyeball (bulb	
5319		. 5	2.5			or globe) 30.0	8.0
					5412	with implantation of	
Repair						prosthesis	9.0
NEURO	PLASTY: plastic repair of nerve -	•		* *	5413	with movable implant,	
injury.		***		-		primary 50.0	10.0
5320	Major nerve, upper or lower	•	• • •		5414	secondary 60.0	
	arm or leg, old injury, includ-	-		- •	5417	Evisceration of eyeball 30.0	7.0
	ing scar excisions, local ad-	_			5418	with implantation in	
	vancements, etc 40.	0	T			scieral shell 50.0	10.0
Form 7	8 EMG T			20			
¬orm (O JIMG L			-29-			

To a lock our	CORNEA	Cuma	Anos	5503		g. Anes.
Incision 5441	Keratotomy, any type	10.0	Anes.	5503	Scleral resection, full thickness	0 17.0
5443	Paracentesis of cornea	10.0		5504	lamellar 100.	
3440	(keratocentesis)	10.0		5505	subsequent 50.	
*5445	Removal of foreign body from				3	2,00
	surface of cornea	1.5		Introducti	ion	
*5447	with magnet	3.0		5511	Air injection into anterior	
*5448	under slit lamp	3.0			chamber for chronic glau-	
					coma 15.	T 0
Excisio		00.0		5515	Irrigation and air injection	
5451	Keratectomy, partial	30.0	10.0		into anterior chamber for	n m
5452 5457	complete	40.0	10.0 7.0		chronic glaucoma 15.	О Т
3437	rteryglum	20.0	/ . 0		IRIS AND CILIARY BODY	
Introduc	ction			Incision		
5461	Tattoo of cornea, mechanical			5531	Iridotomy 20.	7.0
	or chemical	30.0	10.0	5532	with transfixion of iris;	
*5465	Curettage and cauterization of				iris bombé 20.	7.0
	corneal ulcer	5.0				
*5466	Iontophoresis of corneal ulcer.	5.0		Excision	Englisher of Lories of July 50	
Donain				5541 5544	Excision of lesion of iris 50. "Complete" iridectomy;	9.0
Repair 5471	Keratoplasty: corneal trans-			3344	optical iridectomy; pre-	
3471	plant, lamellar	80.0	15.0		liminary iridectomy 40.	0.8
547 2	partial or complete,	00.0	2000	5546	Peripheral iridectomy 40.	_
	penetrating	100.0	17.0	-		
				Destructi	on	
Suture				5551	Diathermy of the ciliary	
5481	Suture of perforated cornea	20.0	T	#5#O	body; cyclodiathermy 30.	
	agt ED A			5552	Iridodialysis - repair 40.	
Incision	SCLERA			5553 5554	Corelysis 40.	
5491	Sclerotomy, operative incision,			3334	Cyclodialysis 30.	, 0.0
0471	with removal of intraocular			Manipulat	tion	
	foreign body (with or without			5571	Iridotasis (iridencleisis):	
	magnet)	50.0	10.0		stretching of iris (inde-	
5492	with removal of foreign				pendent procedure) 40.	0.8
	body from anterior cham-					
	ber (with or without mag-	50 0	10.0	.	CRYSTALLINE LENS	
E 40.2	net),,	50.0	10,0	Incision	Dispisations modding of long	
5493	Removal of intraocular foreign body with magnet, without			5601	Discission; needling of lens, primary 20.	7.0
	operative incision	30.0	8,0	5602	secondary 10.	
5495	Sclerotomy, posterior	00.0	0,0	0002	secondary	, ,,,
01,0	(paracentesis)	30.0	8.0	Excision		
5496	Aspiration of anterior cham-			5611	Extraction of lens, intracap-	
	ber	4.0			sular or extracapsular, uni-	
					lateral 70.	
Excision		• • •		5616	Removal of dislocated lens 100.	12.0
5501	Science tomy for glaucoma.		* * *		WITT FOLIC	
	with scissors, punch or trephination (Lagrange, Holth,	. : :	i :	Incision	VITREOUS	
	Elliott)	80.0	14.0	5622	Transplantation of vitreous 50.	12.0
				- O		

D amada	RETINA	Corne	.		Excision	Discharge to a 0170 t	Surg.	Anes.
Repair 5631	Reattachment of retina,	Surg.	Anes.		5701	Blepharectomy (see 0178 to 0190, 0260 to 0325).		
5632	electrocoagulation, initial		15.0 17.0		5702	incision or excision of		
3002	subsequent	40.0	17.0			Meibomian glands (chalazion), single		Т
Exami 5635	nation Funduscopic, under				5703 5707	multiple	6.0	\mathbf{T}
3000	anesthesia	4.0	4.0		3707	malignant (see 0178 to 0190, 0260 to 0325).		
	OCULAR MUSCLES				5712 5717	Epilation, electrolytic Excision of xanthoma (see	5.0	
Incisio	on, excision and repair				0717	0178 to 0190, 0260 to 0325).		
5641	Myotomy, tenotomy, re-				n			
	cession, resection, advance- ment or shortening of ocular				Repair 5721	Blepharoplasty: plastic repair		
	muscles for strabismus, one				0,22	of eyelid, with or without		
.	or more stages, unilateral		8.0			graft, any type (see 0260 to		
5642 5643	bilateral	60.0 30.0	10.0		5723	0325). Canthoplasty: plastic repair		
5646	subsequent		7.0		0720	of canthus (see 0260 to 0319).		
5647	Muscle transplant		12.0		5724	Plastic restoration of eyebrow	r	
	ORBIT				5725	(by graft) (see 0295 to 0325).		
Incisio					3723	Tarsoplisty: plastic repair of tarsal cartilage (see 0265 to		
5651	Orbitotomy with exploration	60.0	12.0			0267).		
5652	with drainage of intraocular	60.0	12.0		5726	Reposition of ciliary base		
5653	abscess with removal of intraorbital	00.0	12.0		*5728	(see 0260 to 0325). Cautery puncture for en-		
	foreign body	60.0	12.0		0,10	tropion or ectropion	5.0	
5662	Excision of lesion of orbit,	(0.0	15 0		C			
5664	benign or malignant Exenteration or evisceration of	60.0	15.0		Suture 5731	Blepharorrhaphy: suture of		
0001	orbital contents with or without				0/01	eyelid (see 0251 to 0252,		
	graft	100.0	17.0			0265 to 0267).		
Introdu	action				5734	Tarsorrhaphy; suture of		
5671	Orbital injection of alcohol for					tarsal cartilage (see 0251 to 0252, 0265 to 0267).		
	hemorrhagic glaucoma or in-				5737	Canthorrhaphy: suture of		
	tractable pain	10.0				palpebral fissure of canthus		
Repair						(see 0251 to 0252, 0265 to 0267).		
5681	Plastic repair of orbit (see							
	0260 to 0325 and 0619, 0621,				Inclaion	CONJUNCTIVA		
	0622).				Incision *5741	Removal of foreign body from		
	EYELIDS					surface of conjunctiva	1.0	
Incisio					*5742	embedded in conjunctiva	2.0	
*5691	Blepharotomy with drainage of abscess of eyelide.	• 3. 0	* ***		*5743	Suture of conjunctiva	3.0	
*5692	with drainage of Meibomian		: :.		Excision			
5607	glands; hordeolum (stye)	2.0	P		5751 *5752	Biopsy of conjunctiva	5.0	
5697	Recession of levator palpebrae muscle	50. 0	10.0		*5753	Excision of lesion of con junctiva: cyst	5.0	
5698	Resection of levator palpebrae		-5.0		5754	epithelioma (see 0178 to	U . U	
	muscle	50.0	10.0			0190, 0260 to 0325).		
Form	785MG I			-31-				

						Cumm	Amog
		Surg.	Anes.	*5844	subsequent	1.5	Anes.
5755	nevus (see 0178 to 0190,			.2044	zanocyaoni i i i i i v v v v v		
	0260 to 0325).				77 A.D.		
Repair					EAR		
Conjunct	lvoplasty:				EXTERNAL EAR		
5771	Free graft of conjunctiva (see 0295 to 0296).			Incision			
5773	of mucous membrane			*5901	Drainage of abscess of	2.0	
	(see 0295 to 0296).			*5903	auricle (see 0103) Drainage of hematoma of	2.0	
5774	Flap operation for corneal	15.0		-3900	auricle	2.0	
	ulcer	10.0		*5905	Drainage of abscess of		
5775	conjunctiva for perforating				external auditory canal	2.0	
	injuries or operative wound	15.0		Excision			
5776	for laceration	7.5		5911	Biopsy of ear	2.0	
5777	Repair of symblepharon with- out graft (see 0178 to 0190,			5914	Local destruction of lesion		
	0260 to 0276).				of ear (see 0178).		
				5915	with plastic closure (see 0260 to 0325).		
	LACRIMAL TRACT			5917	Complete excision of ear:		
Incision	Drainage of lacrimal gland			0,2.	amputation of ear	20.0	T
5801	(abscess)	10.0	${f T}$	5922	Excision of exostosis of	20.0	Т
5803	Drainage of lacrimal sac -			5924	external auditory canal Radical excision of malig-	20.0	•
	dacryocystotomy or	7.5	Т	3724	nant lesion of external audi-		
5004	dacryocystostomy	, /, -	•		tory canal	60.0	12.0
5804	dacryocystostomy, intranasal	. 20.0	T	•			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Endoscop	Otoscopy with removal of		
Excision	1	,		5933	foreign body in external		
5811	Dacryoadenectomy: excision of lacrimal gland	50.0	10.0		auditory canal under general	- 0	4.0
5813	Dacryocystectomy: excision				anesthesia	. 5.0	4.0
0010	of lacrimal sac	. 50.0	10.0	Danain			
5815	Excision of lacrimal gland	50 (10.0	Repair 5941	Otoplasty: plastic operation		
	tumor	. 50.	, 10.0	37-1-	on ear (see 0260 to 0325).		
Introduc	etion			5943	Reconstruction of ear with		
5821	Catheterization of lacri-				graft of skin plus cartilage, bone or other implant (see		
	monasal duct, initial	. 10.) T		0260 to 0325, 0619 to 0622).		
Donair				5947	Otoplasty, of cartilage ("lop-	•	
Repair 5833	Dacryocystorhinostomy:				ear"), with or without reduction in size (unilateral).	. 40.0	8.0
	fistulization of lacrimal sac			5948	Otoplasty (bilateral)	. 60.0	
	into nasal cavity, with or without anterior ethmoidec-				Otopiasty (seriossis)		
	tomy (Toti)	. 50.	0 10.0	Suture 5951	Suture of wound or injury of		
*5835	Closure of punctum by		_	0,01	ear (see 0251 to 0252, 0265		
	cautery	. 4	0		to 0267).		
N. 4.	lation			•	MIDDLE EAR		
Manipu *5841	lation Dilation of punctum	2.	o * * * * * *	Incision			
*5843	Probing of lacrimonasal duct,			5955	Eustachian tube, catheteriza tion and insufflation	. 1.5	5
	initial	. 3.	0		tion and madifiation		-
9-1	mora com		- 3	32-			
Form	785MGI						

*5961	Myringotomy; tympanotomy; plicotomy	2.0		Suture 6001	Closure of fistula mastoid		Anes.
Excisio	n S	urg.	Anes.				
5971	Mastoidectomy, simple 4		9.0				
5975	radical		12.0				
*5982	Removal of middle ear polyp				INTERNAL EAR		
	by snare	5.0					
5983	in hospital 1		4.0	Incision			
5984	Ossiculectomy 2		T	6011	Labyrinthotomy, any type	80.0	14.0
Repair				Excision			
5991	Revision of radical mastoid			6021	Labyrinthectomy	80.0	14.0
	cavity	0.0	12.0	***	2000 J 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	00.0	1-11 0
5992	Tympanoplasty (to include		- •	Repair			
	complete mastoidectomy) 10	0.0	T	6031	Fenestration of semicircular		
5993	Myringoplasty (ear drum				canals	100.0	15.0
	repair) 6	0.0	12.0	6032	Revision of fenestration		10.0
5995	Reconstruction of canal and				operation	60.0	12.0
	middle ear for agenesis (con-			6033	Stapes mobilization	60.0	
	genital atresia of ear canal) 10	0.0	T				



SURGICAL CONDITIONS:

- The listed unit value for procedures indicated by an asterisk shall apply only to surgery. All other unit values include two weeks' postoperative care.
- Two or more procedures performed during the course of a single operation through the same incision, or in the same natural body orifice, or in the same operative field shall be considered as one procedure with a value equal to the largest of the values for the respective procedures, unless otherwise specified in the schedule.
- In case of multiple surgical procedures, in separate operative fields and separate incisions, 50 per cent of the allowance for the minor procedures will be paid in addition to the amount payable for the major procedure, unless otherwise specified in the schedule.
- The Association will determine a value consistent with values listed for a cutting procedure not listed in the schedule - such determination in each case, to take into account the nature and complexity of the procedure involved and the exceptions, limitations and exclusions of the policy applicable.
- In any event, the aggregate payment for all procedures shall not exceed the allowance indicated for the procedure of highest unit value for any one period of disability.
- Successive procedures shall be considered to have been performed during one period of disability unless:
 - (a) in the case of a protected person, the subsequent operation is performed after return to work on full time or unless the subsequent operation is due to causes entirely unrelated to the causes of the previous operation.
 - (b) in the case of a dependent, the subsequent operation is performed more than three months after the previous operation or unless the subsequent operation is due to causes entirely unrelated to the causes of the previous operation.

ANESTHESIA CONDITIONS:

- Anesthesia Service incorporates the customary preoperative and postoperative visits, the administration of the anesthetic and the administration of fluids or blood incident to the anesthesia or surgery.
- Listed Anesthesia Service Fees are payable only when the anesthesia is personally administered by a physician and surgeon who remains in constant attendance during the procedure for the sole purpose of rendering such anesthesia service.
- If the anesthesia is administered by the attending surgeon or his assistant, the fee shall be 50 per cent of the listed amount.
- In procedures where no anesthesia unit is listed, if anesthesia service is required, the fee for service is determined according to time.
- In procedures where the anesthesia unit is listed as "T," the fee for service is determined according to time.
- Anesthesia based on time starts with the beginning of anesthesia and ends when the anesthetistis

Relative Value Units

First half hour (or any fraction	
thereof)	4.0
Third and fourth quarter hour (or major	
fraction thereof) each	1.5
Each succeeding quarter hour (or major	
fraction thereof)	1.0

7. SURGICAL CONDITIONS regarding multiple surgical procedures is equally applicable to anesthesia procedures.

OBSTETRICAL BENEFITS. If a female protected person or a dependent wife, while insured under this policy, shall have an obstetrical procedure performed by a physician or surgeon as a result of pregnancy, including resulting childbirth or miscarriage, the Association will pay for the expense actually incurred, but not to exceed the following limits:

OBSTETRICAL PROCEDURES	Relative Value Units
Delivery of child or children Cesarean section	30
The Association will also payfor charge	ges made by a physician

or anesthetist for the administration of anesthetic during the course of an Obstetrical Procedure, but not to exceed \$20.00 for any one pregnancy.

Obstetrical Benefits for the female protected person are not payable unless she is covered under a family enrollment.

PART C. MAJOR MEDICAL EXPENSE BENEFITS

The benefits for dependents provided under this MAJOR MEDICAL EXPENSE BENEFITS provision shall be applicable only if the protected person is eligible for, has requested and is insured for such dependent benefits.

If a protected person or an eligible dependent, because of accidental bodily injuries or sickness, shall, while insured under this provision, incur for such injuries or sickness, "covered charges" (defined in the paragraph entitled COVERED CHARGES) in excess of any amounts payable under PARTS A and B of Plan II plus the Deductible Amount (defined in the paragraph entitled DEDUCTIBLE AMOUNT), the Association will pay 80% of such excess covered charges, but not to exceed, in the aggregate, the Maximum Payment (defined in the paragraph entitled MAXIMUM PAYMENT).

DEDUCTIBLE AMOUNT. The Deductible Amount is \$100.00 for each protected person and each dependent for all accidents and sicknesses or any combination thereof and is applied but once each Calendar Year. After benefits become payable and have been paid for a Calendar Year with respect to successive or concurrent accidents or sicknesses or any combination thereof, the further payment of benefits shall be subject to reapplication of the Deductible Amount. However, if Covered Charges incurred during the last three months of a Calendar Year are used to satisfy the Deductible Amount for such Calendar Year, they may be carried over and combined with subsequent Covered Charges to satisfy the Deductible Amount for the following Calendar Year.

lowing Calendar Year,

CALENDAR YEAR. A Calendar Year begins on January 1 of each year and ends on December 31 of that same year.

MAXIMUM PAYMENT - The maximum aggregate benefits payable under this provision. The Maximum Payment is \$10,000.00 for all accidents or sicknesses or any combination thereof for each protected person and dependent.

Form 785MG1

After a total of at least \$1,000.00 has been paid under this provision for expenses incurred by any one person, effective the first of the subsequent Calendar Year and on the first of each Calendar Year thereafter, \$1,000.00 will be added to the balance of the Maximum Payment for which such person then qualifies until the Maximum Payment is reinstated to the original amount of \$10,000.00.

COVERED CHARGES. The covered charges referred to in this provision shall be those charges incurred for the following services and supplies which are reasonably necessary for treatment of an injury or illness, and which are not unreasonably priced or of a luxury nature, as determined by the charges generally incurred for cases of comparable nature and severity in the particular geographical area concerned:

- 1. <u>Covered Hospital Charges</u> those covered charges incurred for the following services, and treatments and supplies which are recommended by the attending physician in the diagnosis and treatment of an injury or illness:
 - (a) Hospital charges for room and board, excluding any charge in excess of \$20.00 for hospital confinement in a private room.
 - (b) Hospital charges for drugs, medicines and other services and supplies, if used while confined in the hospital as a resident patient.
 - (c) Hospital charges for outpatient services in connection with (1) a surgical operation or related charges or (2) emergency treatment for accidental bodily injuries.
- 2. Covered Surgical Charges those covered charges incurred for the following services:
 - (a) Charges made by a physician or surgeon for the performance of an operation or the repair of a dislocation or fracture (excluding assisting surgeons' charges).
 - (b) Charges for the services of a professional anesthetist, providing the anesthetist is not employed by a hospital which submits a charge to the protected person or dependent for his services.
- 3. Other Covered Charges those covered charges incurred for the following services and supplies which are recommended by the attending physician in the diagnosis and treatment of an injury or illness, and which are not included in the description of Covered Hospital Charges or Covered Surgical Charges above:
 - (a) Other hospital charges incurred as an outpatient.
 - (b) Charges made by a physician for medical services, including his active services as an assistant surgeon.
 - (c) Charges made by a registered graduate nurse or qualified physiotherapist, except for services rendered by a person who ordinarily resides in the protected person's household or is a member of his family.
 - (d) Charges for local professional ambulance service, and if the injury or illness requires special and unique hospital treatment, transportation within the United States or Canada to the nearest hospital equipped to furnish the treatment not available in a local hospital, by professional ambulance, railroad or commercial airlines on a regularly scheduled flight.
 - (e) Charges for the following additional services and supplies: drugs and medicines requiring a physician's written prescription; diagnostic X-ray and laboratory service; oxygen and the rental of equipment for its administration; blood or blood plasma and its administration; radium, radioactive isotopes and X-ray therapy; casts, splints, braces, trusses and crutches; rental of hospital type bed, wheel chair, iron lung or similar durable therapeutic equipment; artificial limbs and eyes to replace natural limbs and eyes lost while insured under this provision; dental services rendered by a physician or dentist for the treatment of an injury to the jaw or to natural teeth, including the initial replacement of these teeth and any necessary dental X-rays resulting from an accident occurring while insured under this provision, provided the treatment is rendered within six months from the date of the accident.

NERVOUS OR MENTAL DISORDERS. If a protected person or an insured dependent shall incur covered charges because of a nervous or mental disorder, the following conditions shall also apply:

- 1. Covered Hospital Charges, charges for convulsive or shock treatment and charges for surgery performed as a result of a nergous or medial disorder shall be compensable in the same manner and subject to the same limitations and conditions as any other illness.
- For all other covered charges incurred as a result of a nervous or mental disorder or combination thereof, the Association, providing such charges are incurred while the protected person or dependent is insured, will pay 50% of covered charges in excess of the Deductible Amount;

provided, however, that the maximum payable for professional psychiatric treatment by a physician at home, the office or the hospital shall not exceed \$15.00 per visit and not more than 50 visits during any one calendar year.

COMPLICATIONS OF PREGNANCY. Complications of pregnancy shall be defined to include only the following:

1. Surgical operations for extrauterine pregnancy;

Intra-abdominal surgery after termination of pregnancy;

3. Pernicious vomiting of pregnancy; and

4. Toxemia with convulsions.

If a female protected person or a dependent wife shall incur covered charges because of complications of pregnancy, as herein defined, the Association will pay benefits in the same manner and subject to the same limitations and conditions as any other illness, provided:

1. If such female protected person or dependent wife is eligible for maternity benefits under any other benefit provision of this group insurance plan for expenses incurred, payment for complications of pregnancy under this provision shall be in lieu of such maternity benefits.

2. If such female protected person or insured dependent wife is not eligible for maternity benefits under any other benefit provision of this group insurance plan for expenses incurred, the amount of benefits payable for complications of pregnancy shall be reduced by \$250.00.

COMMON ACCIDENT. If a protected person and one or more dependents or if two or more dependents, while insured under this provision, are injured in the same accident, all covered charges incurred as a result of such accident may be combined and only one Deductible Amount shall be charged, if applicable, against such covered charges, regardless of the number of individuals involved. This combined Deductible Amount shall also apply to future reapplications of the Deductible Amount for such common accident; however, nothing herein shall be construed to reduce the Maximum Payment for each insured person.

EXCEPTIONS AND LIMITATIONS. This policy does not cover:

 Dental services rendered by a physician or dentist except as specifically provided under "Other Covered Charges;" or

2. Eye refractions or the fitting or cost of eyeglasses or hearing aids; or

3. Cosmetic surgery except for the repair of accidental injuries sustained while insured under this policy; or

4. Alcoholism or drug addiction; or

5. Pregnancy, including resulting childbirth, miscarriage or abortion, or resulting complications, except as provided under the paragraph entitled COMPLICATIONS OF PREGNANCY and MATERNITY BENEFITS and as provided under the Surgical Schedules for "Obstetrical Procedures;" or

Nervous or mental disorders under PART C of Plan II except as provided under the paragraph entitled NERVOUS OR MENTAL DISORDERS.

Covered Charges will be reduced by the amount of benefits payable or value of services provided (a) under any other plan for which any employer of the protected person or dependent makes payroll deductions or contributions, or (b) under any federal, state or other governmental program.

This provision is also subject to the exceptions contained in the EXCLUSIONS AND LIMITATIONS section of the General Provisions.



Approved For Release 2009/05/26 : CIA-RDP68-00140R000200180011-9 SETTLEMENT OF CLAIMS

PAYMENT OF CLAIMS. All indemnities provided by this policy other than benefits, if any, for loss of time on account of disability will be payable within sixty days after receipt of due proof.

If this policy includes indemnity for loss of time on account of disability, all accrued benefits payable for loss of time will, subject to due proof of loss, be paid each two weeks during the period for which the indemnity is payable hereunder, and any balance remaining unpaid at the end of such period will be paid immediately upon receipt of due proof.

If this policy includes indemnity for loss of life of a protected person, resulting from accidental bodily injuries, any such indemnity which may become payable shall be paid to the beneficiary designated by the protected person or, if there is no beneficiary designated or surviving, to the estate of the protected person. All other indemnities shall be payable to the protected person.

Consent of a protected person's beneficiary, if one be named, shall not be requisite to any change of beneficiary, or to any changes in this policy.

If any benefits of this policy shall be payable to the estate of the protected person or to a protected person or beneficiary who is a minor or otherwise not competent to give a valid release, the Association may pay to the hospital, physician or surgeon, on whose charge or fee claim is based, any sums due for Hospital Expense Benefits, Surgical Expense Benefits or Medical Expense Benefits toward satisfaction of any amounts still owed such hospital, physician or surgeon, and any balance of such sums and any sums due for Accident and Sickness Weekly Benefits may be paid, up to an amount not exceeding \$1,000.00, to any relative by blood or connection by marriage of the protected person or beneficiary who is deemed by the Association to be equitably entitled thereto. Any payment made by the Association in good faith pursuant to this provision shall fully discharge the Association to the extent of such payment.

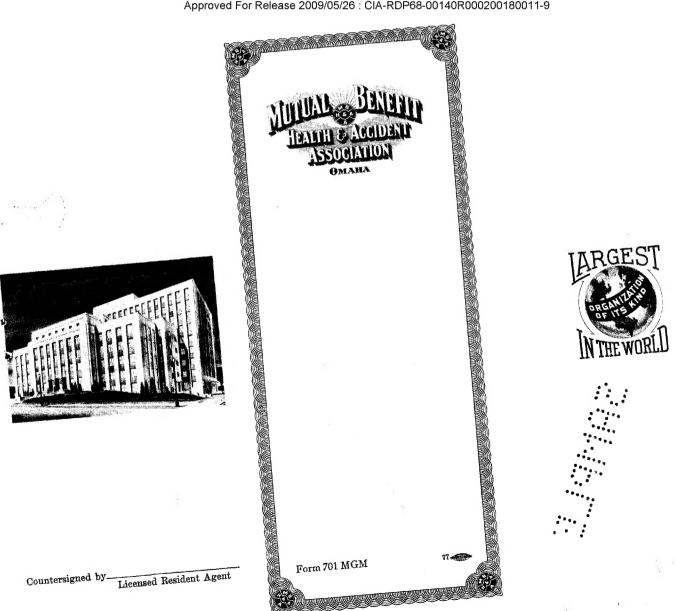
MEDICAL EXAMINATION. The Association shall have the right, through its medical examiner, to examine any protected person so often as it may reasonably require during the pendency of a claim hereunder, and the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

NOTICE AND PROOF OF CLAIMS. Written notice of injury or of sickness, for which claim is made, must be given the Association at its Home Office in Omaha, Nebraska, within sixty days after the date of the accident or within sixty days after the commencement of the sickness. In event of accidental death, if covered by this policy, written notice thereof must be given to the Association within twenty days after the date of death. Proof of such injury or sickness must be furnished to the Association at its Home Office in Omaha, Nebraska, within ninety days after the end of the period of disability for which claim is made. Failure to furnish notice or proof within the required time shall not invalidate nor reduce any claim if it shall be shown that notice or proof was given as soon as was reasonably possible.

The Association will furnish such forms as are usually furnished by it for filing proofs of loss. If such forms are not so furnished before the expiration of fifteen days after the Association receives notice of any claim hereunder, the person making such claim shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting within the time fixed herein for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

LEGAL PROCEEDINGS. No action at law or in equity shall be brought for recovery under this policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this policy and no such action shall be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by this policy.

CONFORMITY WITH STATE STATUTES. Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the Policyholder resides on such date is hereby amended to conform to the minimum requirements of such statutes.



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